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NASHVILLE, TENNESSEE.

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DEERING J. ROBERTS, M. D.,

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See, New York Medical Journal. July 20th, 1889.
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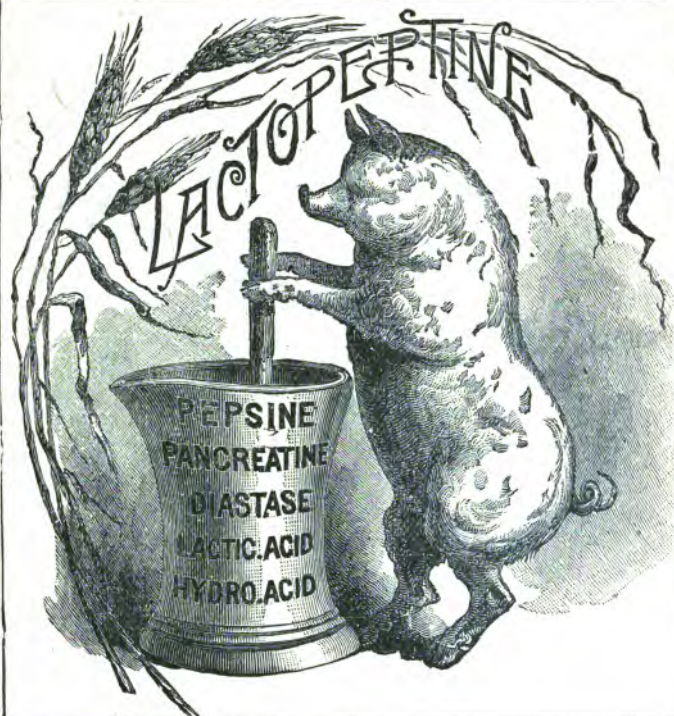
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" Columbo	1/2 "
" Phosphorus, C. P.....	1-300 gr.
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DEERING J. ROBERTS, M. D., - - Editor and Proprietor.

Vol. 11. NASHVILLE, NOVEMBER, 1889. No. 11.

Original Communications.

CLINICAL MORPHOLOGY VS. BACTERIOLOGY WITH SOME THERAPEUTIC DEDUCTIONS.

BY JOHN ASHBURTON CUTTER, M. D., B. S., OF NEW YORK CITY.

Read before the Mississippi Valley Medical Association at its fifteenth annual meeting, September 11, 1889, and illustrated by lantern slides of microphotographs taken with the 1-5, 1-10, 1-16, 1-50, and 1-75th inch objectives.

The following is an abstract :

What is Clinical Morphology? Morphology is the science of form. Clinical Morphology covers the form elements that the clinician sees in his daily work with his patients ; the position in bed ; the lines of the face ; the attitude assumed in walking and sitting ; all come under the term Clinical Morphology, but for our purpose to-day, we will consider clinical morphology to be the description of the form elements found in the blood, the urine, the sputum, the skin, the feces and foods.

What is Bacteriology? The science of bacteria. What are bacteria? Very small bodies which are hard to place. They have been classified under the heading of schizomycetes of the confervoid algæ. A good definition of algæ is, that they are plants that produce oxygen, and of fungi, that they produce carbonic acid gas.

We proceed to the concrete side of our subject, and will consider briefly the *much advertised infants' foods, asthma, rheumatism and tuberculosis.*

Infants' Foods. It will go without saying that bacteriology has little field of work in the artificial infants' foods. Yet the opportunities offered for clinical morphological investigations are great and of much importance. Take for instance, "Imperial Granum;" the author of the Clinical Morphologies showed years ago that, though the claims of the manufacturers were that this preparation was "amorphous," a solid extract, the salvator of the human race, etc., etc., it was decidedly morphological, containing starch grains, to say no more, and the Connecticut Agricultural Experiment Station has backed up the statement of the morphologist by chemical examinations which show that "Imperial Granum" is common flour.

Any physician who has an infant food sent him for examination should place the food under the microscope, study for gluten cells, starch cells, cellulose, the connective tissues of the various grains; see if it is an amorphous, homogeneous mass made up of decidedly morphological elements. A food may be a first class one chemically, yet contain so much cellulose, that it is unfit for the stomach. The paper published in 1882 in *Gaillard's Medical Journal* on Cereal Foods, by E. Cutter, illustrated by cuts of microscopical drawings, created much attention as being the first to enter a new field as to foods, to-wit: the morphological: *chemistry and clinical morphology should go together.*

* * * * *

The therapeutic deduction is: Feed the mothers during gestation and lactation on such food that they will have milk enough to nurse their children, summer or winter. Our plan is, two-

thirds animal and one-third vegetable, with one meat and one vegetable at a meal.

MORPHOLOGY OF THE SPUTUM IN ASTHMA.

The following in quotations is from the work entitled, "The Clinical Morphologies," by Ephraim Cutter, M. D., L. L. D. Published by the author, New York :

"Cholesterin ;" "Cystin ;" "Oxalate of lime ;" "Phosphate of lime ;" "Triple phosphates ;" "Uric acid and water ;" "Calculi made up of these salts ;" "Contents of giant cells escaped outside the walls ;" "Crystals with two or more terminals ;" "Foreign substance inhaled ;" "Fusiform crystals ;" "Gravel crystalline, gravel granular, gravel massive ;" "Mucous corpuscles distended with albuminoids ; with crystalline and other bodies ; with cystin ; with giant cells ; with melanotic matters ; with oxalate of lime ; with triple phosphates ; with uric acid and urates." "Other crystals whose names have not been made out." "Spirulina splendens, Salisbury, 1865."

The therapeutical indication from this morphology in asthma is to feed the cases so that there will be the minimum of fermentation and thus stop the paralyzing action of the carbonic acid, etc., on the eliminative glands ; give tonic and liquifying medicines, and if the case is watched closely and will follow the orders to the letter, a cure may be expected in time. It hardly needs to be said that bacteriology is far behind clinical morphology because it can only treat of bacteria, yet clinical morphology is able to show physical causes of asthma and hay fever.

THE MORPHOLOGY OF THE BLOOD.*

Mode of Study. "It is necessary to have the patient, the microscope, the light, the means of withdrawal of the blood—a lancet, spring lancet, the scarificator of the writer (E. Cutter), or a needle, which is not the best thing—all together.

"There is no such thing as taking the blood home to examine. The changes are so rapid that most of the important ones disappear in ten minutes time. Still, after these are gone, many valuable points remain to be looked for.

"*Kind of Blood.*—The capillary—not the venous or arterial.

*See Clinical Morphology, E. Cutter.

"Site of Withdrawal."—On the radial or ulnar side of the forearm near the wrist. The skin should be clean and free from hair. If dirty, wash with soapsuds or ammonia water. (It is well that the beginner should study the skin surface, dirt, and epithelium before looking at the blood). Take the patient's forearm in the hand, and make the skin tense in the interval between the thumb and fore-finger. The tension of the grip will squeeze out a drop of blood. The size of the drop should bear a direct relation to the size of the cover. Very much depends on handling the drop of blood rightly. When the drop evenly diffuses itself it is to be presumed that the film is about uniform in thickness, so that one can judge somewhat as to the comparative number of corpuscles in each specimen. The process of transferring the blood should take only a few seconds of time; a fraction should be sufficient.

"MORPHOLOGY OF THE BLOOD IN HEALTH."*

"Color."—Bright, fresh, clear, ruddy, strong.

"Clotting."—Rapid and firm.

"Red Corpuscles."—Arrange themselves in nummulations, or are scattered evenly over the field. Normal in size. Non-adhesive. Central depression well marked on both sides; periphery well rounded, clean cut. Hold coloring matter firmly. Pass readily to and fro through the fibrin filaments; appear fresh and fair.

"White Corpuscles."—Normal in size. Not enlarged by internal collection of foreign bodies. Amœboid movements, strong or not. Proportion, one to three hundred of red corpuscles. Consistence good. Not sticky. Color, a clean white. Freely moving at will.

"Serum."—Clear and free at first sight from any form. After five minutes, most delicate, semi-transparent filaments appear forming a very light network in the field, which offers no obstacle to the passage of the corpuscles.

"There should be no spores nor vegetations in healthy serum, though they may be found by very minute examination, or by

* See Clinical Morphologies, E. Cutter.

letting the blood stand for several days in closely stopped phials at a temperature of from 60° to 75° Fahrenheit. This is not saying that spores and filaments cannot be found in blood of persons calling themselves healthy—for some diseases exist in a latent condition, like *rheumatism*, *syphilis*, *cystinæmia* and *consumption*. I have met with people who, on finding vegetations in their blood, have decided not to accept the evidence because they deemed themselves healthy. Again, it is difficult to find a perfectly healthy person in a community; this was made public during the "late unpleasantness," when drafts were made for soldiers. The blood evidence must be taken in connection with that of other physical signs.

"MORPHOLOGY OF THE BLOOD IN RHEUMATISM."

The red corpuscles are sticky, forming large masses; this is due to the excessive development of the fibrin filaments which form a strong network across the field and render the blood molasses like. The white corpuscles are distended more or less with the crystalline matters present.

In the serum interspaces, besides the fibrin filaments in excess are found the following crystalline bodies: Uric acid and urates; phosphates specially the triple phosphates of lime and soda; oxalate of lime; cystine, quite common and easily detected; carbonate of lime, rare; stelline or stellurine, these occurring mostly in granular form, but in old cases where the system is saturated, they are crystalline, black, brown, anniline blue, bronze, red, and yellow pigments in the forms of flakes or small masses are common in rheumatic blood.

(Readers of this extract will find this morphology described to a much greater extent in the Clinical Morphologies, E. Cutter.)

"LATENT CONDITION OF THE CHARACTERISTICS OF RHEUMATIC BLOOD."*

"The morphology of rheumatic blood exists in a latent condition in persons apparently well; but when they are exposed to cold, the blood-vessels contract, catch and detain these abnormal elements, and we have a stasis of the blood which may be active or passive and manifests itself in heat, fever, pain, swelling, in-

* Clinical Morphologies.

flammation or passive congestion, effusion, etc., and which make up what is known as an "attack of rheumatism."

"Fibræmia* is where the fibrin is in excess in filaments, skeins, curled massive fibres like strings—thrombi and emboli. These are in a more exaggerated condition and form than in consumption or rheumatism, and are necessarily associated with the crystalline matters or gravel. Sometimes the fibres look like a scalp that has been taken from the head of a woman with long tresses of hair.

"Thrombosis* is where masses of fibrin accrete and consolidate together, including or not the red corpuscles, white corpuscles, crystalline and pigmentary bodies, spores and mycelial filaments or vegetations, one or all.

"Embolism* is where a thrombus has been caught or engaged in a blood-vessel and acts as a plug disturbing the circulation.

"*Pre-Embolie State.*—"As thrombi precede emboli, so they can be detected in the blood before the embolism, simply by the morphology of the blood. In this way, sudden deaths from embolism, especially in the puerperal state, can be averted."

Here again we have a subject which bacteriology can not touch, as the morphology of the blood in rheumatism shows the causes of the inflammation, pain and deposits to be purely physical and chemical. Beef has had many sins that other food should have borne the complaint of, laid at its door. Stop the Englishman from eating his puddings, pastry and sweets, and feed him on beef rightly prepared and I think he will have less gout. The morphology of the blood in these old cases of gout is very interesting and beautiful. One case I examined several years ago, had a most remarkable display of cystine.

To treat rheumatism, one must be patient; sometimes the cases have to go on very rigid diet, nothing but the beef separated from its fibrin, and the resultant pulp broiled. *I wish to say here, that we never prescribe beef raw, never did and never will.*

"MORPHOLOGY OF THE BLOOD IN TUBERCULOSIS."*

"*First or Incubative Stage.*"—"Red corpuscles are less in number, ropy and sticky, more or less, but not much changed otherwise.

* See Clinical Morphologies, E. Cutter.

"*Second Stage of Transmission.*"—*Red Corpuscles* : Color pale, non-lustrous; not clear cut, not ruddy. Consistence sticky, adhesive. Coating of neurine removed. Not so numerous as in normal blood. Owing to the increased size and strength of the fibrin filament and the stickiness, they form in ridges, rows, but not so marked as in rheumatic blood. They accumulate in aggregations of confused masses like droves of frightened sheep. They adhere to each other, and are rotten, as it were, in texture.

"*White Corpuscles.*"—Enlarged and distended by the mycoderms aceti or spores of vinegar yeast, that are transmitted into the blood stream from the intestines.

"*Serum.*"—"More or less filled' with the spores of mycoderma aceti or vinegar yeast. These occur either singly or in masses of spores, which is the common form in which they are found, wherever vinegar is produced.

"*The fibrin filaments* are larger, stronger, more massive than in health, and form under the microscope a thick network which is larger, stronger, and more marked in direct proportion to the severity of the disease or the amount of accumulation.

"Besides the serum is apt to be of a dirty ash color.

"The sticky white corpuscles, the massive fibrin filaments in skeins, and the yeast spores alone or combined, form aggregations, collect thrombi and emboli which block up the blood-vessels of the lungs soonest, because exposed to cold air, the most of any viscus; *the blood-vessels contract; and thus arrest the thrombi and form a heterologous deposit, which is called tubercle.*

"*The Third Stage or Stage of Tubercular Deposit.*"—"These deposits increase so long as vitality subsists in the tubercle and surroundings. When vitality ceases, the tubercle softens or breaks down. Sometimes, if the process is very slow and life slightly inheres in it, the proximate tissues undergo fatty infiltration, which preserves it from readily breaking down.

"The morphology of the blood is the same for the second and third stages of consumption.

"*Fourth Stage, Interstitial Death.*" "Morphology of the blood in this stage is the same as in the second and third, save that it becomes more impoverished.

"*The red corpuscles* are thinner, paler, much lessened in number; increased in adhesiveness, stickiness and poverty. Devoid more or less of neurine.

"*The white corpuscles* are fewer in number, more enlarged, often ragged and tough. Distended with spores of mycoderma aceti; more adhesive and sticky.

"*The Serum.*"—Fibrin filaments are thickened, stronger, more massive, and more skeins of them present. The collects of mycoderma aceti are very much larger and more numerous; in moribund cases I have seen them so large as almost to fill the field of the microscope. They present anfractuous edges and amœboid prolongations, giving them a wierd, bizarre appearance which, under the circumstances, have a portentuous aspect, for the larger and more numerous the spore collects of mycoderma aceti are, the more dangerous the case.

"THE MORPHOLOGY OF THE BLOOD IN FIBROUS CONSUMPTION."*

"Here the mycoderma aceti or vinegar yeast does not get into blood, and change it as in tubercular consumption, since the pylorus keeps the vinegar yeast in the stomach. There is breaking down of living tissue to a less extent. This tissue has been thickened, hardened, and made stony from deposit of gravel. The diagnosis is not so easy as that of tubercular consumption."

* * * * *

It is wonderful to see in these cases how soon the cough begins to lessen, due to the stopping of the production of the carbonic acid gas, which by its paralyzing action on the mucous membranes of the trachea and the lungs, has caused that pouring out of mucous. I would that I had more time to go into the description of the rationals of the production of these diseased conditions in rheumatism, asthma and consumption, tuberculous and fibrous.

"MORPHOLOGY OF THE SPUTUM IN TUBERCULOSIS."*

"Bacilli; bacteria, so-called; clots of blood; elastic lung fibres; epithelia, ciliate, non-ciliate, pavement and columnar; granular tubercular matter; granular tuberculous matter, so-

* See Clinical Morphologies,

called, sometimes fetid in odor; inelastic lung fibres; lumina of blood-vessels; mucuous corpuscles, normal, deformed, distended with spores and gravelly matters; mucous filaments and fibres; mycelial filaments; swarms of spores; yeast plants; and yeast sporangia, alcoholic and lactic acid.

COMPARISON OF CLINICAL MORPHOLOGY AND BACTERIOLOGY
AS TO TUBERCULOSIS.

Etiology.—The bacteriologist claims that the tubercle bacillus as discovered by Koch is the cause of tuberculosis. The clinical morphologist asserts that the vinegar yeast spores in the blood is the cause of tuberculosis by their chemical and mechanical action on lung tissues.

The bacteriologist has strong evidence in the fact of inoculation. The clinical morphologist, in that by methods based on the morphology of blood containing vinegar yeast, many cases of tuberculosis have been cured. How can these two claims be reconciled? For over thirty years botanists have been fighting about Koch's bacillus; some claimed that it was part of the life growths of the vinegar yeast plant; others, that it was not. The former hold the stronger position, for Koch's experiments have demonstrated that the bacillus will propagate as itself. Now here comes in the link. The bacteriologist is hard at work to find out how that bacillus gets into the lungs, and is laying down rules of preventive treatment which are in some cases fantastic and ridiculous. The clinical morphologist is able to diagnose the vinegar yeast in the blood before the lungs break down; he finds the morphology getting more desperate as the case grows worse; and as the case improves under treatment, he finds the morphology of the blood improves; moreover, the clinical morphologist not being limited to the study of bacteria as the bacteriologist is, (if he works on the bacteriology alone) can develop from the sputum the full fledged vegetation from bacillus through the spore stage to the mycelial.

Now if what I say is true, then tuberculosis is a disease induced by the excessive feeding of fermented food or food that will ferment into alcohol and vinegar. The villi of the intestines paralyzed by this fermentation absorb the spores of vinegar

yeast, which gradually increase in the blood, and if not detected in time, will cause tubercles; oftentimes a cold, overwork and worry will be the blow that upsets the case.

Now when the lung tissues begin to necrose and cough comes on, of course will the sputum contain the tubercle bacillus, *also the spores of vinegar yeast.*

* * * * *

My father's experience, which runs back over thirty-three years, shows that children of tuberculous parents will by feeding on proper food grow up instead of dying.

* * * * *

Men say to me that they examine blood and can tell nothing about it. I answer that my father thought it necessary that I should spend eight years study in the sciences and medicine before he would teach me *how to study clinical morphology.* The same rule applies in his instruction to others, for he will teach only medical graduates, amongst whom I may note Dr. R. J. Nunn, ex-President Medical Association of Georgia; Dr. Nunn traveled in Europe and could not find what he wanted till he returned to New York.

* * * * *

Therapeutics.—In 1881, a young man lay sick in bed of emaciation, so great that he is about a skeleton; of hemoptyses, so frequent that counting them has ceased; of night sweats; of copious expectoration which contains elastic and inelastic lung fibres; the heart is enlarged; the pulse 120; respiration twenty and more times a minute; in both lungs are cavities; the blood presents the tuberculous morphology. Now this case, desperate as it was, was undertaken by my father; the patient was fed on beef taken from the top of the round; from it was separated by machines, the fibrous tissues; the resultant pulp was moulded carefully into cakes and broiled; great care was taken in all of the steps of the process of preparing the beef; the hands touched it as little as possible, for even after the pulp has been separated from the fibrous tissues when touched by the hand, the human animal heat will be apt to change the condition of the meat; so it is moulded carefully with knife and fork. The meat is then broiled and seasoned to taste with pepper, butter, lemon juice

and salt as wanted ; Worcestershire sauce allowed. The patient is fed this three times a day. Is given gentle tonics ; is bathed twice a day with ammonia or acid sponge baths ; the case has to be very carefully watched for life is apt to slip away at any moment. He gradually improves and is cured, *i. e., the cough ceases ; the sweats are gone, he arises from his bed ; goes through college ; is graduated with honors ; is married and was last seen by us one year ago and calls himself a well man.* Now what is the rationale of this cure ? By feeding him this particular food, the vinegar yeast was starved out of the blood and thus its work of necrosing lung tissues was stopped ; the acidity of the blood taken away by stopping the acetic acid fermentation, the fibrin filaments lose their large size ; the red corpuscles regain their normal tone and color ; they are no longer massed together and the white corpuscles come down to normal size because the blood has been deprived of the spores of vinegar yeast, which they have been trying to enclose ; now Nature is a spiral spring, and in this case has been overloaded with wrong feeding ; we have given her a chance by feeding the patient on the food that best agrees with her, and she, being furnished with good blood, her eliminative glands in good condition, takes the normal blood and with her wonderful physiological means, heals over the sore and broken down places in the lungs and in some cases if the cavities are not too large will build and bridge them over ; I believe this to be true for I have been with a case where I could hear the air bubbling through the mucous in a small cavity and yet that all disappeared.

* * * * *

There is so much said about the non-curability of consumption. My father was nearly ostracised when he came out in 1880, with seventy cases published in the transactions of the American Medical Association ; here he simply claimed that consumption was a curable disease ; his cases in this table, were, seventeen non-arrests ; twenty-six partial arrests and twenty-seven permanent arrests. It is perhaps well to note that this was all before Koch promulgated the tubercle bacillus and with this article were printed microphotographs of tuberculous blood.

Now it is reported that in the morgues of the great cities of the world, like Paris and New York, bodies are cut into, in which are evidences of lung necrosis which had been stayed, the lungs healed or scarred and the individuals are dead of something else. Moreover, surgeons are talking of removing by pneumectomy, untold portions of the lungs; and in a journal I recently saw that a man could live with but two lobes; well, supposing the patient has survived the shock of slicing out a part or whole of one lung, he will continue to live on the food that produces tubercle; these facts apply to tuberculosis of the joints and the peritoneum as well. In a case of tuberculosis of the knee joints, I found the morphology of the blood to be tuberculous and syphilitic. Gentlemen, the medical, *the thophologic side* of these questions must be examined, as well as the surgical.

In our work we never say we are going to cure a case, for we recognize the fact that we are human, finite; but we do know that cases have been cured and so we will not take away a sufferer's hope. We never know how a case is going to turn out; some cases will not respond to treatment for they are just full of the disease, both lungs; but others come along that appear just as desperate and we give them a chance and they pull up and get well.

I had a case in Kentucky; we healed her lungs several times and would send her home and there she would get upset; once she had to go into the kitchen and cook; this brought on an attack of meningitis which shattered her nervous system, so that her character was damaged from that of a bright happy woman to one despondent, nervous, irritable. Yet she lived for over a year after that meningitis, though I was constantly told that she would die; for seven months before her death, she never coughed; I took her to her family physician two months before her death and he admitted that her lung was healed. She died two months later; incidentally from malaria; generally, from adynamia.

Gentlemen, it takes nerve force to live; it takes nerve force to get well; each time that this woman's lungs broke down, she had to use up nerve force to recover; if she had not been shattered by the meningitis, humanly speaking, she would be alive now.

(See "On the Death of a Cured Case of Tuberculosis Pulmonalis," J. A. Cutter, *Virginia Medical Monthly*, Sept. 1889).

I might give you the details of many more cases of tubercle, but time does not permit ; suffice it to say that the cured cases run back into the 60's, that we consider tuberculosis curable, and our hope is that as soon as the profession and the laity will share this belief and practice to cure, then many more lives will be saved.

This taking away of hope kills many. How can a man live if there is no hope offered him ; if he does, it is by sheer pluck and fight. But the fight which my father started in on years ago to prove that consumption is a curable disease seems to be about over ; we are entering on a new era in medicine ; nutrition of tissues must be studied ; the causes of tumors, the excessive development of the fibrous tissues, the causes of degenerations, all these must be studied from the side of nutrition.

A few words as to foods in tuberculosis ; the yolk of eggs are not allowed in any form, because hard to digest and a promoter of rheumatism ; if you do not believe it try them on a case and see the results ; milk is commonly called the best of foods, yet in the adult nine times out of ten it is not the best as it so often causes biliousness ; this we see in studying our cases ; testing the urine with nitric acid helps very much to show biliousness ; milk if given to patients must be taken warm from the cow and be carried to the patient speedily so that the ever present germs may not get into and contaminate it. But be careful in its administration ; I have seen cases that I thought could take milk be upset by it.

Some cases are kept alive on the whites of eggs, slightly cooked ; beef tea, Johnston's Extract of Beef. Sometimes the stomach is in such a condition that the patient has to be sustained by the nourishment per rectum till the stomach comes around. But the aim in our cases is to get the stomach in such a condition that they can be fed beef prepared as beforehand described. When the blood becomes normal, the urine flowing with a specific gravity of 1015 to 1020 with no bile, and no sediment, then other foods can be brought in cautiously ; and it is only necessary for me to say that if you are watching the case carefully, you will soon find out whether the food you are allowing is the best or not.

Again, this is a great consideration with these cases. They must be treated by the month ; pay their fee in advance ; must go under your care for at least one year, better two ; the specimens of blood, urine, feces and sputum often examined. Have the patient put his hand in yours and trust you faithfully ; make him stop introspection and watch to see that causes of worry are removed.

Temperament needs consideration ; some cases need much encouragement ; others holding back ; some are fearful of everybody and everything and have no faith ; others expect to get well right off and go at the treatment with a rush and when they find that nature takes her own time in healing his sins, they may be disappointed.

It is no easy thing to take a case chronically sick and lead him along to health. Again, while remembering that without proper feeding, you cannot cure your case, do not forget that with judicious medication the case may be pushed along faster, for the machine needs oiling. Have the case drink hot water one hour before meals and on retiring ; usually a pint is needed at each draught ; the temperature not boiling but comfortably warm.

(See the "Therapeutical drinking of Hot Water," by E. Cutter, New York ; W. A. Kellogg). Do not give them any medicine that is made up with syrup. I have been asked so many times, "do you give syrup of hypophosphites?" The answer, "no, because there is fermentable matter in it."

* * * * *

In closing, gentlemen, I call your earnest attention to the need of large bodies of medical men, who are deeply anxious for the truth, investigating the original experiments of Salisbury which were made on men and animals thirty years ago. *Our work* has been more with microphotography and demonstrations of healthy and diseased morphologies. We have not had the time or money to hire men to eat certain kinds of foods, singly, and study the effects on them ; neither to buy hogs and feed them on distillery slops. But all this must be done, and if this association with its personnel of scientific men, industrious and anxious for therapeutic achievements will appoint a commission and investigate these matters thoroughly, a great good will be conferred.

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We must know the truth! These matters ought not to rest on the utterances of one or two men. While I am satisfied as far as I have gone in the matter and believe my father to be on the right track in his effort to save these things to the profession, (for the profession is the body that stands between the people and death, and no one man should set himself up as a healer and that he must hold all knowledge,) I am also deeply anxious that these experiments be repeated.

A commission to undertake this work must be composed of your most eminent members; it should contain a first-class chemist, a neurologist, a pathologist, a therapist, and last but not least, a morphologist. The work of this commission must not be hampered by the appointment of a man to do its microscopical work who is trained only in bacteriology. I believe I have shown you that bacteriology is but an extremely small portion of the micrological world, and that the profession will be handicapped until the word ceases to exist, and the bacteriologists of to-day becomes morphologists in order that they may cover the whole field.

Gentlemen of the Mississippi Valley Medical Association, I thank you very earnestly for your kind attention.

The Ariston, Broadway and Fifty-first Streets.

NEW YORK, September, 1889.

Selections.

AND THEY SAT DOWN BY THE RIVERS OF WATER.—Within the past few years, medical societies have been formed along the course of certain rivers, and have taken as their peculiar designation the names of such rivers. The first of these was the Mississippi Valley Medical Association. Later came the Missouri Valley Medical Association. These are the mighty rivers of the North American Continent. In fact, they are among the greatest rivers of the world. It looks as if this principle of forming societies would be extended indefinitely. There is much to be said in its favor. Similar lines of physical and

mental activity are likely to be developed along these great water roads. In summer the pleasure of water travel upon them is unequalled by other modes of travel. It matters not whether it be in the majestic steamer or in the tiny canoe, the joy of water travel during the heated term is perennial. What more natural than that physicians living near the banks of such streams should agree to meet at some convenient point along the shore, recount the labors, successes and failures of the closing year, and take from genial fellowship a new inspiration for the future?

Artists have ever delighted to picture animals by the cool water, under broadly spreading boughs of massive trees, passing the hours of the scorching summer days. Quite as artistic is the picture on the river bank of a group of wearied physicians, gathered from miles along its shores, reclining beneath the shade of a towering forest grove, and there calmly discussing medical science, medical art, medical politics, and the wholesome food and drink needful for the body. That which is best should thus be brought forth, to the common good of all. Plans are formed for the more effective duties of the coming year, and for the changing needs of the times. Work and play are thus harmoniously combined, to the advantage of both, in the re-invigoration of the jaded doctor.

We should delight to learn that every considerable river in the United States has its medical society formed for the especial object of giving the doctors living along its banks a rational vacation and general rejuvenation. Then, as the rivers run in different directions, and empty into different oceans or lakes, all at last finding their way into the great body of water that surrounds the globe and serves as the servant of all the nations, so the work done by these several organizations varies in direction and power, but it all finds its way into the general ocean of medical truth, and is at the service of all who may choose to use it for their pleasure or profit.

Sitting by the river, the reflecting physician will gather many suggestions, helping in the shaping of his work. As the river never stops, but every moment rushes onward towards the great ocean, so his activity should never end. Tirelessly it should

move forward to the great ocean of truth that is the goal of every real student, of every real physician. As he returns to his daily toil from his medical meeting by the river, he will day and night carry the memory of the ceaseless onward movement of the river, and will be inspired to waste fewer hours gossiping, either in the home, the corner grocery, the club room, the street, or the office. He will sometimes reflect whether the dreamy indulgence in the pipe or the cigar, or social glass, are carrying him towards the field of desired truth as rapidly as he ought to go.

The river generally, when deep, moves noiselessly, with irresistible power; so he will remember that his progress is not the most substantial when made by personal puffs in the daily or other local paper, or by blatant boasting anywhere. He will be impelled to base his progress upon the deeper laws of human activity, which, as he blends with them, carry him easily onward without bluster or flurry. Thus, conscious that his life is in accord with the silent though resistless forces about him, he calmly moves on to the accomplishment of his manifest destiny. He has learned to commit his way to the ways of a mightier intelligence, to a mightier force, and with these as aids is assured of victory. So he becomes more truly a man of science, a servant of humanity, and infinitely removed from the quack.

Again, he will recall the fact that the river is the servant of the race. He will see it carrying upon its surface the white-winged fleet, the puffing steamer, and the tiny shell. He will see it transporting rafts of timber and lumber, stone and coal, and all else that men desire removed from place to place along its banks. He sees it receiving the floods from the surrounding country and depositing them in the distant ocean. He sees it constantly giving off invisible vapors, which ascend to the skies, condense, and fall as gentle rain upon the thousand hills to cause all sorts of vegetation to thrive, and to fill the springs and rivulets for the supply of water to animals far distant from the river. All this never ends, and in thousands of other ways the service is continued. Remembering this, he will carry more willingly upon his heart and head the burdens of the sick, the weary, the distracted, and safety lead them to the haven of physical and

mental health. He will take the overflow of human passion, and human recklessness, and deftly so manage that the least harm and the greatest good will result. The insensible and invisible power that he exerts upon those near by, and those far off, is not the least of the effects of his beneficent career.

But enough. The picture is a vast one. Each for himself can shift the scene and fill in details. Let the work of these river valley societies go on till every physician shall feel the inspiration of the river stimulating him to nobler and truer work for medical art, medical science, and for humanity.—*The American Lancet*.

CONTAGIOUSNESS OF TUBERCULOSIS.—Dr. Wm. Porter, of St. Louis, concludes his very able report on the above subject to the Mississippi Valley Medical Association, as follows:

The important question for us as physicians is, can the danger of transmission be averted? So far as our present knowledge goes we might answer, not entirely; but if there be value in the carefully formed conclusions made from the scientific work of the last decade, much may be done to limit the number of victims of tuberculosis. We may not all be ready to fully indorse the statements authorized by the New York Board of Health, that tuberculosis is a distinct disease, that it is not directly inherited, and that it is acquired by direct transmission of the tubercle bacillus from the sick to the healthy, usually by means of the dried and pulverized sputum floating as dust in the air. For myself, I am convinced that in this direction is the safest path, and as no harm can come from excessive care regarding food and sanitation, I am willing to advise such care, though it seems to be excessive.

From experiments made upon animals and observations upon the human species, it is plain that much of the danger of contracting tuberculosis lies in the inhalation of air loaded with tuberculous sputa. Surely the danger can, to a large extent, be met by insisting that tuberculous patients should, as far as possible, use a cuspidor in which is a solution of bichloride of mer-

cury at least 1 to 1,000, for it has been demonstrated that the bacillus can live in solutions of less potency.

Cuspidors and cloths which are used to receive the expectorated material from diseased lungs should, as far as possible, be kept moist, and the bed-clothing thoroughly freed from all power of contamination. There is nothing which demands correction more than the uncleanly and unsafe practice which many follow who have care of consumptive patients, of placing newspapers on the floor by the bedside upon which the expectorated masses are gathered and dried for free distribution in the household.

The careful disinfection of a room which a tuberculous patient has occupied is a matter of detail not to be overlooked by the medical attendant.

So far as protecting the public against food containing tubercular products is concerned, it can only be accomplished by thorough inspection. It is certainly the duty of each physician who is himself satisfied that such danger exists to endeavor to impress the public mind with the importance of proper legislation upon this subject.

If we are convinced that tuberculosis is contagious, and will but work up to our convictions, it is possible that the first step will then be taken to place this much-dreaded disease under the same treatment as is small-pox and the once all-destroying plague.

Although none of us may be willing to ignore the agency of individual tendency, physical formation, and other conditions as predisposing factors in the causation of tuberculosis, yet, as we get away from the idea of heredity and approach the more tangible view of transmission, the future is brighter with promise, and will, I have no doubt, be more abundant in practical result.
—*The American Practitioner and News.*

TREATMENT OF ABSCESS OF THE LIVER.—(By M. Chauvel).
I have had opportunity to observe four cases of abscess of the liver in military hospitals. These abscesses occurred in soldiers

returning from Tonquin and Algiers, all of whom were markedly anemic as the result of dysentery. The air of their native country had at first ameliorated their condition, but soon the attacks of dysentery and diarrhoea recurred, with febrile exacerbations, quotidian fever, intercostal pains, either vague or localized in the hepatic region, pain about the scapula, and absolute anorexia. Abscess of the liver was diagnosticated, the diagnosis being verified by means of an exploratory puncture. The development of these various symptoms was much more sudden in the cases of the soldiers from Tonquin than in the single instance of the one from Africa.

In two of the cases the abscess occupied the right lobe, in the other two the left lobe; these latter cases terminated fatally.

Incision with the bistoury presented no serious difficulties; it corresponded with the seat of swelling, at which point the puncture had been made with the trocar.

The following are the conclusions derived from a study of these four cases:

1. Immediate, direct incision of abscess of the liver by means of the bistoury presents no danger as regards the development of peritonitis, if it be made antiseptically.

2. The opening should be large, and lead directly into the abscess cavity. On account of the retraction of the liver after the evacuation of the fluid, it is well to make it as high up as possible; if it retract upon the collapse of the ribs, resection of the latter may be indicated.

3. It is useless and perhaps dangerous to suture the liver to the edges of the parietal wound.

4. The large opening should be made early, and the exploratory punctures are clearly indicated as soon as there is a suspicion of pus.

5. It is almost always impossible to recognize the existence of multiple foci with sufficient accuracy to reject the possible intervention of an accessible tumor. In these perplexing cases the large incision in the principal focus causes the disappearance of one of the sources of fever; it favors the opening of the secondary foci into the principal cavity, already emptied; and if it does

not arrest the progress of the affection, at least it exerts no unfavorable influence upon its course.

6. Abscesses of the left lobe appear to be the more serious—a fact which may, perhaps, be explained by the possibility of a pericarditis by extension, and by the probability of other collections of pus in the right large lobe.—*Journal American Medical Association.*

A DANGEROUS EXPERIMENTER.—The *naïveté* of some therapeutists who combine in prescriptions the new synthetic drugs with one another and with other chemicals, without thought of their compatibility or incompatibility, has ceased to be interesting.

Thus we too often hear of Dr. A. or B. combining antipyrine with quinine or salol, or antifebrine with phenacetine, or some acid, base or salt. If the druggist discover incompatibility, he would of course stand between the doctor and the patient; but it is hardly needful to suggest that changes might take place in these mixtures slowly after the prescription had gone beyond the apothecary's control. When we note the ticklish balance of affinities between the atoms which compose the molecules of the synthetic drugs, we may see that there is great danger that an innocuous compound may be converted into a highly poisonous one by the slightest change in the number, kind, or relative position of these atoms, and this is just what chemical incompatibility means in connection with these drugs. The latest in this line comes from a correspondent of the London *Lancet* of September 28, 1889. This innocent individual states that he prescribed for a patient suffering with painful rheumatism antipyrine with salicylate of soda, and was astonished after a few hours to find that the compound had resulted in the formation of a hygroscopic cream. Later he tried to mix antifebrine with salicylate of soda, and found that the two previously white powders now formed a pink powder. The writer wants to know what the changes are in these instances; whether new compounds are formed; if so, their formulæ; and whether the pharmacological (*sic*) action of the drugs is destroyed by such combination. He

says, further, that since he discovered the effect of the union of antipyrine with salicylate of sodium he has ordered the two drugs in solution. Whether he puts them both into the same solution, or, exhibiting them in separate solutions, allows the patient to test their incompatibility in his stomach, he does not say; but in any case it is a very dangerous tampering with drugs the chemical compatibility of which has not been established.

It is to be hoped that some chemist will put these observations to the test and give the correspondent the desired information. It might be well, also, to suggest to him that this sort of chemical experimentation will some day kill its man by the development of a poison from the union of two non-poisonous compounds.—*American Practitioner and News.*

THE LUXURY OF PROFESSIONAL LYING.—Perhaps there is no man or set of men who have the temptation to lie put before them as doctors have. They are absolutely urged to lie on certain occasions; and compelled to on others, and they should be equal to the emergency. Again, a doctor is morally bound to lie under certain circumstances. It is his duty, and wherein he fails in that respect he fails to do justice to his patient. In my own experience I verily believe that I have saved many a life and prolonged many others, by what I believed at the time was a good wholesome lie.

In the practice of medicine lying gets to be a luxury. You dote on it. You practice outside so as to perfect yourself, so to speak. You linger lispily on the words which must and will convey a meaning other than the truth to your patient. Talk about dealing in unvarnished truth with your patients. Why, it is preposterous. They won't stay by you. They will go to a man who tells them a better story. Take consumptives, for instance, and you tell them that they have incipient tuberculosis, and they will travel from Dan to Bersheba to find a doctor who will tell them that it is nothing but "liver complaint"—whatever that may imply. Yes, sir; and they will pay him their money and come home to die on your hands gratis.

Thirty years of active practice has satisfied me—although I started out to be truthful with my patients—that it is not, so to speak, the proper caper, if you want to retain your practice. You must hide the truth in metaphor, or straddle it in medical jargon, but some how or other you must avoid telling the truth. Why, I have known instance after instance where patients have solemnly assured me that the solid truth was the material they were after, and that they were able to stand it. I say, I have known them, as a rule, to go right off into disquietude and quackery.

Right here comes the luxury of lying. Now, when I speak of lying, I don't mean one of those pestiferous, measly lies that crawl about and do mischief, but a lie grand in its conception, magnificent in its proportion, and colossal in its appointment—a lie of sufficient strength to overcome truth, and, for the time being, make you master of the situation.

Of course, it requires some gall to look a patient square in the eye and tell him what you know to be a point blank lie, but so long as it is for his interest as well as your own, it is a necessity, aye! a luxury.

In this way one avoids all the little unpleasantness which hovers around a doubtful or dangerous diagnosis or prognosis, and you are let off with a slap on the shoulder and a fat fee, which salves your conscience and makes you and the patient feel altogether better.

It has taken me all these years of practice, besides a mint of money, to find out how it is myself, and I don't propose to have the rising generation of doctors to come up thinking that they have to be archangels in order to practice medicine successfully. No! What you need is an education, then the necessary amount of gall, and the capability of rolling a lie around your tongue until it comes out sweeter than the truth. Then will your patients stay by you; then will the fees come to you, and children's children will rise up and call you an old blister, allee samee! —
E. B. Ward, M. D., Medical Age.

SANDER & SONS' Eucalypti Extract (Eucalyptol.)—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

LAWSON TAIT ON FIBROIDS OF THE UTERUS.—A few weeks ago we called attention to the views of Thomas Keith on Apostoli's treatment of uterine fibroids by electricity. It is, perhaps, no more than fair to give place to the rejoinder of the most prominent advocate of the purely surgical method of dealing with this condition. In a lecture, published in the *British Medical Journal* of August 10, 1889, Mr. Tait calls attention to the fact that hysterectomy, which Mr. Keith seems to consider the only alternative treatment, is only required in a small proportion of cases, and that the great majority can be satisfactorily treated by the comparatively safe and simple operation of bringing about the menopause by extirpation of the uterine appendages. He claims that "the complete and permanent efficacy of this method of treatment has been established by evidence beyond all cavil; in fact it stands unrivalled in the history of modern surgery," and states that his mortality in 262 consecutive cases has been only 1.23 per cent. To the operation of hysterectomy he expresses as strong a repugnance as Keith; but, although he does not expressly discuss this point, he evidently has little faith in the efficacy of electricity in cases which call for the severer measure.

To electricity he objects that it is tedious, and, notwithstanding Keith's statements to the contrary, may be very painful, citing a case, treated in Paris, in which electricity was used thirty-three times during a period of three months, and thirty-one times the patient was under anæsthesia. That it sometimes fails when administered by thoroughly competent persons, he has had evidence in cases which have come into his own hands, and there is danger of losing precious time in unsuccessful treatment.

He complains that Keith furnishes many statements, but few facts, and wishes for precise information in regard to the mortality of the electrical treatment, the permanency of the results secured, and the comparative convenience and expense of the two methods.

He concludes by quoting what he calls the "prodigious statement" of Keith, that in 10 per cent. of his cases of hysterectomy, the operation was followed by insanity. On this point he says:

"In not one of my hysterectomies has insanity followed the operation. I have seen insanity follow removal of the appendages for myoma in two cases, but in one the patient was insane from the moment she came out of the chloroform, and she was 'queer' before she went under it."

In view of such results as Tait has achieved it is not surprising that he should have little inclination to change the methods which have proved so successful in his hands. If any value is to be allowed to evidence, however, it can hardly be doubted that very satisfactory results have been attained by the electrical treatment. Martin, of this city, at the meeting of the Illinois State Medical Society, May 22, 1889, reported one hundred consecutive cases treated by Apostoli's method, without a death, with complete cure in eight cases, symptomatic cure in sixty-eight others, and decided improvement in the symptoms of most of the remainder. If such results can be secured by this method and should prove permanent, it is likely that many women will prefer, even at the cost of some pain and inconvenience, to avoid a mutilation which is repugnant to their feelings and, besides the inevitable results of sterility, is not always exempt from other unpleasant consequences. Glævecke, of Kiel, found that a depressed, low-spirited condition was generally observed after removal of the ovaries; in three cases out of forty-three insanity followed the operation, proving permanent in one. Sexual desire and pleasure were diminished in nearly all the patients, and the disturbances usual at the menopause were prolonged, in a number of cases, for four or five years.

Brilliant as have been the results of surgery in the relief of this affection, it can hardly be said that they leave nothing to be desired, and anything which promises the benefits without the drawbacks of the operation with which Mr. Tait's name is specially associated is worthy of careful trial. It is hardly probable that electricity will wholly supplant operative treatment, but it may well be that when both have been thoroughly tested it will appear that each has its appropriate field of usefulness.—*Journal of American Medical Association.*

THE CONTAGIUM OF DIPHTHERIA.—Diphtheria is an acute infectious disease, doubtless due to a living organism (microbe), the exact identity of which cannot yet be regarded as settled.

Primarily a local affection, the system becomes secondarily and generally infected through absorption of a poison generated at the primary and localized seat of inoculation.

The modes of infection are numerous, the contagium being directly transferred by contact, in a dry state through the air for limited distances, in foul clothing, in polluted food and drink, milk probably being a prolific source of infection.

The most difficult problem to solve is that which relates to the conditions most favorable to the growth and development of the germs and the propagation of the disease.

While, strictly speaking, diphtheria can hardly be called a filth disease, since it prevails often to a very limited extent in those localities whose hygienic surroundings are apparently the worst, yet certain kinds of filthy accumulations, as the ordure of animals, notably the refuse from cowsheds and dairies, seem to furnish the most favorable conditions for the culture of this particular germ.

Until this problem can be solved and the life, history and habitat of the diphtheric germ is understood, no definite plan can be formulated for the arrest of the contagium nor for the hopeful treatment of the disease.—*P. G. Robinson, M.D., at Fourth Annual Meeting of American Association of Physicians.*

THE SHUTTLE PULSE AND ITS PORTENT IN PRACTICE.—There is a peculiar pulse which I have sometimes felt but never without a shudder, when felt in the radials of those whom I have loved—never without grave prognostic impression whenever perceived in any patient.

Have you ever felt it, reader, and if you have, what has it signified to you?

I mean the shuttle pulse, as I would call it; a pulse in which the pulse wave passes under your finger as if it were floating something solid as well as fluid—that something passes along the blood current under your finger like the weaver's shuttle through the loom.

I have felt it in cases only where the blood was hydræmic and a local rheumatic inflammation existed or had recently existed within the heart.

I have called it the "shuttle" pulse because I can liken it to nothing else and because the impression it makes suggests the name.

Have you felt it under these circumstances, or any other, and do you know a better name for it?

If you have ever felt this pulse, did you ever know of a patient recovering after its appearance? Did you ever know a patient after its appearance to escape the consequences of embolic closure of vessels? To me it is the pulse of fibrinous coagula going the rounds of the circulation. Its portent has ever been evil. It is a pulse of dark prognosis and painful memories—the pulse of impending death in part or whole. I think I have never known a patient to live after such a pulse has been detected. It is the pulse of fatal rheumatic endocarditis or endo-arteritis and its sequent and associate anæmia and emboli.—*C. H. Hughes, M.D., in St. Louis Medical and Surgical Journal.*

THE DIAGNOSIS OF ACUTE PULMONARY TUBERCULOSIS.—Dr. J. C. Munroe (*Med. News*) from a report of twenty-four cases of acute miliary tuberculosis concludes:

These cases would seem to indicate that an acute pulmonary tuberculosis should be suspected when the following indices are present (the existence of other pathological conditions in the lungs giving rise to characteristic signs and symptoms that ought not entirely to mask those under consideration): Sudden severe illness, ushered in with a chill, in a person previously healthy, or with a history of chronic phthisis; slight cough and expectoration, no hæmoptysis, marked loss of flesh and strength; loss of elasticity, or a slight dullness over part or the whole of a lung, or surrounding a limited area of marked dullness; indistinct, harsh respiration, with high-pitched inspiration and prolonged low-pitched expiration; a few scattered fine dry or fine moist râles, generally high-pitched; a rapid, weak pulse, with quickened

shallowed respiration, and cyanosis out of proportion to the physical signs; a temperature steadily feverish, but without marked variations; local evidences of miliary infiltration in other organs.

PIANO AND PUBERTY.—A thought, which every physician should carefully explain to mothers of young girls, and, in so far as possible, insist upon correction, is thus expressed by Lawson Tait:

“To keep a young girl, during her first efforts at sexual development, seated upon a music stool, with her back unsupported, drumming vigorously at a piano for several hours, can only be detrimental.”

Further, the Directory of the Royal Elizabeth School, in Berlin, has entered a strong protest “against the practice of allowing young girls of doubtful musical ability to spend hours at the piano, to their own physical detriment and the torture of their hearers.”

We have known the seeds of spinal disease, to be thus sown; or the incipient disease fostered to early fatality. More, the piano-stool is responsible for many of the ills pertaining to the reproductive organs of females. Music masters, if successful in their calling are usually most ignorant of anything but music, and their commands as to practice should be ignored, or regulated to meet the demands of the individual as regards health and common sense. One hour of daily practice at the piano or organ, divided into two sittings, is as much as any young girl can bear well, and even this is too much in many instances. Two hours is pernicious even to a healthy well developed woman. In England, a still more pernicious custom is prevalent in some boarding schools, of requiring misses to sit not only from two to four hours at the piano, but also to do so while wearing the “back-board,” an instrument of torture responsible for more than a few cases of Pott’s disease.—*Med. Age.*

SANDER & SONS’ Eucalypti Extract (Eucalyptol).—Apply to Dr. Sander, Dillon, Iowa, for gratis supplied samples of Eucalyptol and reports on cures effected at the clinics of the Universities of Bonn and Greifswald.

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Dr. H. BRUNNER, Fremont, Neb., Says: "I have had the best of success with it, particularly in cerebral and nervous affections."

Dr. J. GAMWELL, Pittsfield, Mass., says: "I have used it in a number of cases of nervous and cerebral diseases, with good results."

Dr. E. S. LAWTON, Rome, N. Y., says: "I have used it with good results in cerebral exhaustion."

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B. M. A.—It is said that the British Medical Association contains twelve thousand members, but only about nine hundred were present at the late meeting. Its assets over its liabilities are one hundred and sixty thousand dollars. About a dozen men in London conduct the entire enterprise, the rest pay the bills, and do as they are told. As mentioned elsewhere there is more kicking than ever over this arrangement. The great majority want some voice in the management of affairs. This complicates the problem of the future of this great organization. "There should be no taxation without representation."—*Am. Lancet*.

Reviews and Book Notices

OPHTHALMOLOGY AND OPHTHALMOSCOPY FOR PRACTITIONERS AND STUDENTS OF MEDICINE. By HERMAN SCHMIDT-RIMPLER, Professor of Ophthalmology and Director of the Ophthalmological Clinic in Marburg. Translated from the 3rd German Revised edition. Edited by D. B. St. John Roosa, M.D., LL.D.; Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School; Surgeon to the Manhattan Eye and Ear Hospital. 153 Wood Cuts and Three Colored Plates 8 vo, cloth, pp. 571. Wm. Wood C Co., Publishers, 56 and 58 LaFayette Place, New York, 1889.

This is one of the very best works we have examined that treats of Ophthalmology. It is full, comprehensive, yet so concise as not to weary or confuse the reader. The favorable judgment of eminent specialists, and the rapid sale of preceding editions demonstrate beyond the shadow of a doubt its great excellence and its wide field of usefulness. Each succeeding edition has been carefully revised, and thoughtfully changed in accordance with the constant and marked increase in the knowledge of Eye diseases.

Its very talented and able editor in his preface has the following :

"The task of editing the translation of Professor Schmidt-Rimpler's book has been an agreeable one. The work is a clearly

written, comprehensive and scientific treatise, that cannot fail, I think, to secure the confidence of the profession in the English speaking countries, as it has that of the Germans. I have at a few points added short notes, which I trust may not be considered to mar the symmetry of the original. A few illustrations, chiefly from Stellwag's treatise, the English translation which is now out of print, have been added."

The work is handsomely printed by Messrs. Wood & Co., and its perfection of letter-press, excellent paper, and its clear, graphic and instructive wood-cuts leave nothing to be desired.

It certainly will command a large sale, and the possessors of the volume may well be congratulated on having a handy, plain and practical guide in ophthalmological practice.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES, (Second Series complete in 13 parts. (Price, \$2.00 each), an Atlas and Text-book combined. By GEORGE HENRY FOX, A.M., M.D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York; Professor of Diseases of the Skin, Post-Graduate Medical School and Hospital, New York; Physician to the N. Y. Skin and Cancer Hospital, etc., etc. Hand-colored plates. Nearly One Hundred Cases from Life. E. B. Treat, Publisher, 771 Broadway, New York. (Parts 9 and 10).

In previous issues of this journal we have had occasion to call the attention of our readers to this excellent and truly valuable publication of an expert in Dermatological science. It has received universal commendation from the leading Dermatologists, among whom may be mentioned R. W. Taylor, M.D., Henry G. Piffard, M.D., L. Duncan Bucley, M.D., E. L. Keyes, M.D., J. Nevins Hyde, M.D., Jno. V. Shoemaker, M.D., Frank P. Foster, M.D., and others who are unquestioned authorities.

The photographic illustrations, hand-colored and wonderfully life-like, are most marvelously successful representations of skin diseases, and the accompanying text is worthy of the highest commendation.

This series when complete will afford a picture gallery, from the study of which a tyro indeed, can have but little difficulty in diagnosing any form of cutaneous trouble that may be presented to him.

THE STORY OF THE BACTERIA AND THEIR RELATION TO HEALTH AND DISEASE. By T. MITCHELL PRUDDEN, M.D. 12 mo., cloth, pp. 141. G. P. Putnam's Sons, Publishers, (The Knickerbocker Press) New York and London, 1889.

In demonstrating the scope and field of this excellent little monograph, we do not think we can do better than to quote entire the preface of its author, the able Director of the Physiological and Pathological Laboratory of the Alumni Association of the College of Physicians and Surgeons, of New York. In it he says :

"The Bacteria are so often nowadays the subject of discussion and discourse ; so much which is at once disquieting and untrue is said about them, and they are withal of such practical importance to the health and well-being of everybody, that it has seemed to the writer worth while to bring together in some simple fashion a little of our knowledge about them.

The aim then of this book is to present some facts from a small corner of the domain of Science in such form as will be plain to the unscientific, and with these, some extracts from the lore of the physician which will, it is hoped, be both interesting and useful to the lay reader.

TRANSACTIONS OF THE FIFTY-SIXTH ANNUAL SESSION OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE, Nashville, 1889. 8 vo., cloth, pp. 278. Printed for the Society by McGowan & Cooke, Chattanooga, Tenn. (For notice see editorial page——).

THE MALTINE MANUFACTURING Co., of New York, have sent us a very neat little pamphlet containing important facts in regard to their valuable preparations. It also contains two very excellent etchings of Sir Andred Clarke, M.D., (Bart.) F.R.C.P., and Sir William Jenner, M.D., (Bart.) K.C.B., D.C.L., F.R.S., LL.D., F.R.C.P., (Physician to the Queen). These are the first of ten similar etchings of celebrated physicians that they promise to send out during the coming year. The two specimens before us are accurate portraits, remarkably life-like, and will be an ornament to any physician's office.

Editorial.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE, 56th ANNUAL SESSION, NASHVILLE, 1889.

"The Committee on Publication shall be required to examine each paper referred to them, and shall decide whether or not it shall be published in the Transactions; and should the author of any such paper be dissatisfied with the rulings of said committee, he may appeal to the next meeting of the Society."—*Extract from Article III, By-Laws Medical Society of the State of Tennessee.*

This right given to the committee, is one that should be used with extreme caution. In my own experience, having served on the committee repeatedly—in fact as often as any living member of the Society, it has never before been exercised.

At the last session of the Society the following Publication Committee was announced:

Dr. D. E. Nelson, Chairman, Chattanooga.

Dr. Deering J. Roberts, Nashville

Dr. J. B. W. Nowlin, Nashville.

Dr. W. M. Vertrees, Nashville.

Dr. J. M. Coyle, Nashville.

Dr. C. S. Briggs, Nashville.

Dr. P. D. Sims, Chattanooga.

About six weeks or two months after the meeting I received a communication from Dr. Nelson, signed as Secretary of the Society and Chairman of Committee of Publication, informing me that I had been appointed a member of the committee, and notifying me to attend a meeting of the same to be held at his office in Chattanooga, the second night following. To which I replied, stating that a majority of the committee resided in Nashville, in my opinion it was proper for the committee to meet in that city, but inasmuch as he had called the meeting in Chattanooga, he would please tender my resignation to the President.

Dr. J. B. W. Nowlin having received a similar communication, made a similar reply, and the publication Committee as printed on pages 4 and 54 comprises the names of Drs. Nelson and Sims, of Chattanooga; and Drs. Vertrees, Coyle and Briggs, of Nashville. Upon enquiry, I am informed that the Nashville members of the committee never attended a meeting, consequently any action taken by the committee can only be attributed to those members living in Chattanooga—a number less than a quorum.

So much by way of preface. Let us now consider the Transactions as published. We have here a cloth-bound volume of 278 pages, containing the minutes of the meeting, some of the papers read and the discussions thereon, etc., etc., as in previous years. In the first place the cloth binding is entirely unnecessary; it is not first-class work by any means, yet, certainly at a low estimate, must have cost about 20 cents per volume—making One Hundred Dollars of the Society's funds that have been uselessly expended. At first glance it might seem an indication of advance on the part of the Society—but it is one of very questionable character. The Texas State Medical Association for one or two years tried this method, but the last volume of their transactions just received, shows that they have not found it of any great benefit, and have returned to a plain paper cover as is common with nearly all other State Societies—In other words, it is far more important for such publications to have a well filled interior than a showy, shoddy exterior. Outside of the original cost of the binding is to be considered the extra amount of postage. The entire amount would have given better results if devoted to a prize essay for the next volume.

The interior of the volume—the meat, consists as before mentioned of *some* of the papers read at the meeting, the discussions thereon, and the minutes as recorded by the Secretary, the Constitution and By-Laws, Code of Ethics, etc. The papers read at the last meeting were fully up to the average of any preceding session. Among the notably good ones that were published, may be mentioned that of Dr. C. S. Briggs on The Present state of Laparotomy in Visceral Gun-shot Wounds; Dr. J. B. Murfree on Diseases peculiar to Gestation; Dr. P. F. Eve on Successful Hip-joint Amputation; The Hand Woven Wire Corset by Dr. A. J. Swaney; and others. Among those *not* published we miss a most excellent paper read by Dr. J. C. Reeves, of Chattanooga, on the Importance of the Microscope in the Practice of Medicine and

Surgery, etc., and a paper read by Dr. F. M. Duke, of Wartrace, on Typho-Malarial Fever—So called and its Treatment. We do not know why Dr. Reeves' paper was omitted from the publication, not having conferred with him since the meeting, possibly for reasons of his own; but in regard to Dr. Duke's paper we think an explanation is due him from the Secretary, who seems to have constituted himself a "Committee of the Whole" on Publication. More than one among the ablest members of the Society have stated to me that it was fully up with the average of papers read before the Society. We thought enough of it to place it before our readers in full in a preceding number of this journal. It embodied in brief and concise terms the author's method of treating a very troublesome series of cases of sickness, of a character quite common in this and adjacent states. It was an original paper of original methods and observation, and we can see no reason why it was not accorded a place in the cloth bound volume. The following letter from the Secretary, who was subsequently written to by Dr. D., in regard to the matter is certainly not satisfactory. We give it entire:

OFFICE OF SECRETARY, TENNESSEE MEDICAL SOCIETY,
 DUNCAN EVE, M.D., President,
 D. E. NELSON, M.D., Secretary,
 831 Market Street,

}

CHATTANOOGA, TENN., Oct. 3, 1889.

DR. F. M. DUKE, Wartrace, Tenn.:

My dear sir: Let the doctors make as much capital out of your paper being left out of the Transactions as they please. Your paper was not the only one left out. Several others were likewise left out. Among the number is that of Dr. James E. Reeves of this city. All were left out for good reasons. Notice in the minutes the number read, and then see what were left out. With best wishes I am, yours fraternally,

D. E. NELSON, Secretary.

The paper, presswork, and typographical execution of the book is reasonably good, and is a credit to the thriving and progressive city of Chattanooga. A few typographical errors mar its pages, but the number of *orthographical* errors, for which the Publication Committee, that is the Secretary, is to blame, is simply disgraceful. A brief hour's examination enabled me to mark no less than 73 glaring orthographical errors that the veriest tyro in medicine should have corrected—occurring almost exclusively in that part of the volume for which the Secretary (*sic.* the Publication Committee), is responsible. These errors are to be found mainly in the discussions on the papers which were

taken down by a Stenographer—and a very capable one too—yet the natural mistakes of a phonographic reporter, of so glaring a character should have been detected by the Secretary before the work went to press.

As we find the following words over the Secretary's signature at the close of his minutes, we will take him at his word and promptly notify him. He says:

"All members upon receiving copies of the Transactions will please note the errors if any found and promptly notify me and I will gladly do what I can toward a correction. It will be readily seen what the postal card is placed in the Transactions for."

Well, the postal card contains three lines acknowledging the receipt of the Transactions, occupying about one-half its space; if the remainder of the space is intended for notifying the Secretary of his errors, we will have to cry out "more hat." It is not large enough to cover the chasm, and we take this method and opportunity of notifying him of some of his errors. Hahnemann lacks an h. Homœopath in numerous instances has lost its diphthong; Dr. Thos. Menees is reported as saying "the protracting of this discussion seems to me to be a work of superarrogation; Niagara has lost its r; Capital city is capitol city; Dr. Lawson Tait is repeatedly put down as Tate; Bantock as Benton; Wells as Webb; Treves as Strove; Sir Joseph Lister as Sir Joseph Leicester; Pean as Peon; Bremiss for Bemiss; our good friend Swaney, of Gallatin figures as Haynes, of Gallatin; the eighth cervical vertebra for the eighth drosal; (possibly the residents of Chattanooga need longer necks than their fellow-men in order to "lookout" over the mountains); oxilate of cerium for oxalate; dilute the os uteri for dilate the os uteri; prolactic on page 129 is intended for we know not what; dilation for dilatation; retroverted cerosed uterus is beyond our ken; Eriz appears for Erich; and Engelman, of St. Louis, as Eggleman; Germain Sie for See'; Roricker's for Rorich's; perineal for peritoneal; juremast for jury-mast; locomotar ataxia for locomotor ataxia; and liqour amnii in more than twenty consecutive places shows up grandly our Secretary's lore as liquor amnia. Bah! It is enough to make one sick. A State Society with the reputation so justly earned and an enviable standing as has ours to have such a load to carry. Verily, will our friends in other states who may see this cloth-bound copy say, that the schoolmaster is abroad in the State Medical Society of Tennessee. These errors cannot be charged to printer nor stenographer. It is reasonable to suppose that their orthography might be a little loose

in medical literature ; but that the Secretary of a State Medical Society, who assumes the duties of its publication committee should overlook these terms, words and names that belong to its every day literature, is unexcusable. It betrays an ignorance that is lamentable, or a wilful neglect of an important duty.

Will the Secretary please inform us why the committees appear in full in two places—full fifty pages apart? If he has left out important papers in order to economize space, this is not only a wilful waste of space, but appears as a fulsome effusiveness in very bad taste.

The papers generally are reasonably free from the marring so manifest in other parts of the volume, by reason we presume of fair manuscript furnished by the authors, and accurate compositors.

The epitome of the Transactions of 1853, prepared by Dr. J. D. Plunket we regard as most valuable, thus again placing upon record names that have done much to uphold the honor of medicine in the Volunteer State "in the good old time and the golden." We only regret that it had the misfortune to appear in a volume that does it no credit. For fifteen consecutive years have we carefully preserved the Transactions of the Tennessee State Medical Society, and comparing them and the issue of 1853 with that of 1889, we can only feel ashamed and humiliated at the latter.

Possibly we have devoted too much space to this criticism ; but we could not help having a feeling in the matter, and we believe that all our Tennessee readers are also interested in it. In conclusion, we would advise the Secretary to act up to his promise of "doing what he can toward a correction of his errors," by investing \$5.00 in postal cards and requesting by earliest mail that the entire edition be returned to him *to be burned* ; then to go down in his pocket again, and pay for another revised and correct edition of 500 copies, for the use of the members of the Society, said edition to contain an apology to Dr. Duke for his gross ill-treatment by the Secretary in his self-assumed role of The Publication Committee.

CAPITAL PUNISHMENT: THE ELECTRIC WIRE *vs.* THE HEMPEN CORD.

The keen edge of the ax, of the days of Bluff King Hal, and before having lapsed into innocuous desuetude by being supplanted by

the hempen rope, the latter in these progressive days of science is possibly about to yield in turn to execution by electricity, about which much has been said of late by both the secular and lay press.

From the *Scientific American* of October 19, we make the following extract :

"The new law of the State of New York for the execution of criminals by electricity, instead of by the rope, will probably soon be enforced. Judge Day, before whom the evidence for and against the electrical system was presented, has decided the new law as constitutional. Mr. Harold Brown is the expert employed by the State to supervise the electrical machinery, and he has taken care to recommend the most effective and deadly means for the purpose, namely, the alternating current and the Westinghouse dynamo. This selection has given great offense in certain quarters, as it is supposed the machines named will have a stigma put upon them by reason of this debasing employment. Mr. Brown has been most unmercifully abused by some of the newspapers at the instigation, apparently, of the parties interested in the electrical machines. These persons pretend to be sufferers, both morally and commercially. They affect to be shocked that so pure and innocent an article as the alternating current should be used for such mean purposes; and, moreover, they think it will infallibly hurt their electrical business. Their often repeated unlawful killing of innocent people by means of their death wires running through the streets touches not their sensibilities, but the momentary pain to be inflicted upon a murderer by a lawful electric execution excites their liveliest sympathies."

There is no question but what the very worst use you can put a man to, is to execute him, whether by hanging, beheading, shooting or by the subtle electric fluid or current.

So well is this fact established that quite a number of foreign countries, noted for their advancement in civilization and enlightenment, and not a few of the sovereign States of this Union have abolished capital punishment. Notably, Holland in 1870; Switzerland in 1874; Portugal, Rumania and Tuscany at various dates; nor has there been an execution in Belgium since 1853; in Finland since 1824; in Prussia, from 1869 to 1878 there were 484 persons sentenced to death, but only one executed; and even in Russia it is retained only for treason and military insubordination. In the United States of America, Michigan abolished capital punishment in 1847; Rhode

Island, in 1862; Wisconsin, in 1853; Iowa, in 1872; Maine, in 1876. Apparently strange to some, statistics carefully compiled do not show that the graver or more heinous crimes have by any means increased in these portions of the civilized world. Senator Jessup, of Iowa, writes in 1876, four years after its abolition; "Murder in the first degree has not increased, but for four years decreased" and that "There is more lynch law where the gallows is retained."

The object of capital punishment is two-fold: One to prevent a repetition of the crime by the same individual; the other, to deter others from a like procedure. Occasionally crimes are committed of so heinous a nature, that at first, when it is fresh in mind, there seems no adequate reparation—if even that can be so called, than the idea of the old dispensation of "a life for a life, an eye for an eye, or a tooth for a tooth." Yet in calmer moments, after carefully considering the matter, after mature deliberation and thorough reflection, there are but few men of proper and well balanced mental calibre, who would not either shrink from the duty of execution, or prefer at least that some one else should do the job.

In military life discipline must be maintained at all hazards—a too great laxity, or the least excess of leniency in behalf of one, or but few individuals, may involve the fate and life of hundreds and thousands; and while "short shrift, and prompt execution" may be of the two evils, the least; in "the piping times of peace," should not less harsh measures prevail?

The very idea is appalling, that a man, in good health, full of life, at a certain day and hour, of which he is only too well apprized, must take the fatal step. We all know that death will come—it is as inexorable and as irrevocable in its visit as the tax-gatherer, yet we have the happy consciousness of not knowing when, nor where. The poor victim in the last stages of consumption, or other inevitably fatal diseases, goes on day by day, hour by hour, in the hope, vain though it be, that it may yet be a little longer—yes, in the distant, ever coming but never arriving to-morrow, as day by day and hour by hour, he gradually loses his hold on the thread of life. His senses and sensibilities gradually becoming more and more benumbed, by a gradual, progressive anæsthesia, until when the knowledge of certain death is attained he no longer cares.

Far different is the victim of judicial sentence no matter what his crime: he is usually in the full plenitude of his powers, his feelings and

sensibilities wrought up to their highest, as day by day he approaches the fatal hour, knowing that there is nothing to intervene but the faint, dim hope of executive clemency, meted out by human hands. His very crime itself adding to the horrors of the dread future. One, brutalized by crime may meet his fate with an apparent stolid indifference; others assume a mad bravado—yet the fact of the given day and hour, coming nearer and nearer, fatal, terrible knowledge, cannot but be horrible.

It must indeed be a stern sense of duty, a grim observance of an official oath, that will nerve the hand of an executioner, or even enable the judge in his ermine to issue the fatal edict. In official executions are we not assuming the bravery of a flock of sheep, to whom collectively alone is timidity wanting? Thou shalt do no murder is a divine edict. "Whoso sheddeth man's blood, by man shall his blood be spilled;" the eye for an eye; the life for a life principle of the old dispensation has been set aside by the Son of God. It does not belong to Christianity. Collectively, through their representatives the people enact laws and statutes in regard to capital punishment; collectively, their representatives or agents carry out said laws; but is it any the less *murder* than when life is taken by an individual without the quasi protection of the people and their representatives at his back? According to law! Whose law: God's or man's? God alone can give life; who else has the right to say when it shall end? For the protection of the community? Is this the only way it can be protected? Can no other means be devised than to meet one crime with another?

That the human mind is beginning to revolve this problem—that we are not altogether satisfied, is clearly evidenced by the gradual but combined effort that has been made for years by which capital punishment can be divested of some of its horrors. The enchange of the gory ax for the rope, which in its turn is about giving place to the lightning's swift flash; the exclusion of the populace from executions in many of our states, making it a matter of business, grim but of dire necessity, and no longer a holiday or festal occasion for the populace; together with the abolition of executions in many localities are unquestionable indications that capital punishment is not of universal necessity. If Michigan, Wisconsin, Rhode Island and Maine can do without it and have no increase of capital crimes, what shall we say of Tennessee, Kentucky, New York and Pennsylvania? This is a grave question and justly entitled to grave consideration. Our National

Prison Congress that will meet in Nashville in a few days could not do better than devote its entire session, and for that matter many sessions to the thorough consideration of the subject. It has a direct bearing upon their mission. If it should be decided to abolish it, then our only means of punishment for crimes committed, or prevention of other crimes is by means of penal confinement. Should this be deemed the only means and measures to be resorted to for infractions of the law, then we can consider the most effective and humane methods for its execution.

Yet as we cannot hope for an early solution of the question, and as capital punishment will still be the rule and custom in many localities, perhaps we had better "return to our mutton" and again consider the method by which it shall be carried out.

Records of the past show more than one instance in which criminals have been utilized to determine the fatality of certain diseases; the effectiveness of certain remedies. Were not these instances in advance of their time? As hanging or any other mode of death under the law is the very worst possible use you can make of a man, cannot his death be utilized? If he by the heinousness of his crime has sacrificed his right to live, instead of wasting that life by the ax, the cord or the electric spark, can it not be utilized at the hands of science for the benefit of his fellow man? The Society for the Prevention of Cruelty to Animals strenuously objects to the researches of science when made on the lower animals, would objection also be made to so utilizing a condemned malefactor?

THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

Our readers will please bear well in mind that the meeting will be held in this city, Nov. 12, 13 and 14, at the State Capitol. The committee of arrangements have been actively at work and a most satisfactory meeting, in every respect, may confidently be expected.

In addition to the long list of papers already announced in our preceding number, we are informed by a second, supplemental, preliminary programme, that the following will be read:

Gynecology in its Relation to Obstetrics—W. L. Robinson, M.D., Danville, Va.

Observations based upon an Experience of Seventy-five Abdominal Operations—Jos. Taber Johnson, M.D., Washington, D. C.

Twenty Consecutive Cases of Abdominal Section—L. S. McMurtry, M.D., Danville, Ky.

Triple Amputation—J. B. Luckie, M.D., Birmingham, Ala.

The Treatment of Contracted Bladder by Hot Water Dilatation—I. S. Stone, M.D., Lincoln, Va.

Complications Occuring in the Clinical History of Ovarian Tumors—Richard Douglas, M. D., Nashville, Tenn.

What Kind of Instruments does Modern Antiseptic Surgery Demand—J. W. Long, M.D., Randleman, N. C.

Intestinal Anastomotic Operations with Segmented Rubber Rings, with Some Practical Suggestions as to Their Use in other Surgical Procedures—A. V. L. Brokaw, M.D., St. Louis, Mo.

Leucocythæmic Tumors as a Neoplastic Exponent of Rheumatism and their Similarity to Malignancy, with a Case—W. Locke Chew, M.D., Birmingham, Ala.

What Civilization is Doing for the Human Female—A. Laphorn Smith, M.D., Montreal, Canada.

Pus in the Pelvis and How to Deal with it—Joseph Price, M.D., Philadelphia, Pa.

Members of the Medical Profession are cordially invited to attend, and it is earnestly hoped by the local profession of Nashville, that all who possibly can, will avail themselves of the opportunity.

THE COUNTRY DOCTOR—A WEEKLY MEDICAL AND SURGICAL JOURNAL.

From a prospectus just received, a new venture in the field of medical periodical literature will be launched on or about January 1, 1890. It will have at the helm, as *redacteur en chef*, Dr. J. T. McColgan, of Arcot, Clay Co., Tenn., its place of publication, and will contain 16, three column pages of reading matter devoted to medical and surgical science.

Dr. McColgan has on repeated occasions favored the readers of THE SOUTHERN PRACTITIONER with scintillations from his facile and erudite pen, and we know that he can but please all who partake of the fare that he can place before them each successive week. He offers a very tempting array of prizes that will insure a valuable series

of original contributions, and will secure efficient collaborators and correspondents in all the large medical centres.

The subscription price is to be only *One Dollar* per annum, and our readers will do well to write by postal card or otherwise, to Dr. J. T. McColgan, Arcot, Clay Co., Tenn., for sample copy or prospectus.

INSTANTANEOUS CURE OF WHOOPING COUGH.—In the *Archives of Pharmacy*, 1889, page 382, it is stated that the instantaneous cure of whooping-cough was attained by Dr. M. Mohn, as a result of accidentally observing that the disinfection of the sick-room of the whooping-cough patient by sulphurous acid caused the disappearance of the paroxysms with a rapidity bordering on the marvelous. The patients are freshly clad in the morning, and placed in another room, in which they remain during the day. Meanwhile, 25 gm. of sulphur is burned in the sick-room to each cm. of space; and after the bed-clothing, garments, etc., have been properly spread out, and the sulphurous acid been permitted to permeate the air for five hours, the patients return to their disinfected sleeping rooms in the evening, and are cured of whooping-cough.

Physicians may not generally be aware of the fact that sulphur bricks are obtainable which may be burned to secure the effects of sulphurous acid by inhalation, or for general disinfectant purposes. Parke, Davis & Co. supply these, as well as a general line of disinfectants for household use, and will afford physicians all desired information concerning them on request.

COPAIBA as a dressing for wounds and after surgical operations was in use over 140 years ago. Recently Dr. H. H. A. Beach, of Boston, in the *Boston Med. and Surg. Reporter*, has called attention to his successful use of it in such cases. It is absorbed on charpie, or cotton-waste, and bandaging it upon the surfaces healthy granulation invariably follows, the pus is readily absorbed by the porous mass and no unpleasant odor is eliminated.

LOCALLIZING THE WOUND.—Dr. Swinkler: "And so your friend was shot in the lumbar region?"

Mr. Twinkler: "Oh no! He was shot in the coal regions"

Dr. S.: "Oh yes! In the colon; see, come—that's good."

COCAINE TABLETS.—These tablets are now largely used by careful physicians for extemporaneous preparation of any desired strength of cocaine solution. The rapid deterioration of cocaine solutions make these tablets a necessity. To make a two per cent. solution of cocaine: In one fluidrachm of water dissolve one cocaine tablet $1\frac{1}{8}$ grain. To make a four per cent. solution of cocaine: In one fluidrachm of water dissolve one cocaine tablet $2\frac{1}{4}$ grains. To make a ten per cent. solution of cocaine: In one fluidrachm of water dissolve five cocaine tablets $1\frac{1}{8}$ grain; or dissolve two $2\frac{1}{4}$ grain and one $1\frac{1}{8}$ grain tablets in one fluidrachm of water. Parke, Davis & Co. guarantee the purity and anæsthetic efficiency of their cocaine product and will send samples of their cocaine tablets to physicians if desired.

ALETIS CORDIAL.—A. Page, M.D., Rushmore, O., says: I have prescribed Aletris Cordial (Rio) in preference to all other similar preparations for a period of two years with no failure in a single instance. I also spoke of its merits in our last meeting of the Northwestern Ohio Medical Association, in a paper which I read before that body. I treated a case of a young lady of twenty-three who had been troubled with excessive menstruation for five years, amounting almost to a hemorrhage at each period, and lasting ten days. Prescribed Aletris Cordial to be taken in drachm doses four times a day, commencing five days before each period; the first bottle reduced the discharge perceptibly and shortened the duration from ten to six days; ordered it to be taken during the interim of the next period and the result was almost magical, the second period being reduced to four days which was normal and the discharge the same. The patient has now been eight months without any treatment and she as also myself considers the case permanently cured.

CHRONIC ALCOHOLISM.—

R Tinct. Capsici.....2 drachms
 Tinct. Nucis Vom.....2 drachms
 Celerina (Rio).....1½ oz.
 Syr. Bromide Comp. (Peacock).....2 oz.
 M. Sig.—Teaspoonful in water, four times daily.

Very valuable for old, worn-out drunkards.

SYPHILITIC ULCERATION OF THE SOFT PALATE.—Dr. I. W. Conduct, of Dover, N. J., writes :

I have recently witnessed satisfactory results from the persistent administration of Succus Alterans in an aggravated case of the destruction of the tonsil, velum and all surrounding soft parts, where iodide of potassium had been exhibited more than two months in liberal doses, even as high as four hundred grains per day continually for three weeks of the time, and had failed to arrest the progress of the disease.

(We personally know Dr. Conduct as a physician of large practice, much above the average in education, and one of the most successful physicians in New Jersey. Coming from him the above is a very high commendation.—*Ed. Mass. Med. Journal.*)

PROF. F. L. SIM, M. D., AND THE STATE BOARD OF HEALTH.—Since our old friend, the earnest and energetic Thornton of Memphis, has resigned his position on the State Board of Health, we are gratified indeed that his mantle has fallen on such worthy shoulders as those of our genial confrere of the Memphis *Medical Monthly*. The “powers that he” might have sought far and wide, long and scrutinizingly before finding a man more eminently qualified for membership on the State Board of Health than Dr. F. L. Sim. His very physique itself can but give weight to the Board, and his intellectual acumen, ability and research will add materially to its successful results. We congratulate the Board most heartily on the acquisition of so able a coadjutor.

SYPHILITIC RHEUMATISM.—

R Potass Iod.....drms. 6
 Liq. Tong. Sal.....ozs. 8
 M. Ft. Sol.....
 Sig.—Teaspoonful before meals and at bedtime.

FRELIGH'S TONIC is a Phosphorized Cerebro-Spinant, and will prove of value in paralysis, neurasthenia, sick and nervous headache, locomotor ataxia, insomnia, debility of old age, and other nervous affections. It has been tried by some of our ablest practitioners, who are well pleased with it. Communicate with Messrs. J. O. Woodruff & Co., 88 Maiden Lane, New York City, if you need a remedy of this character.

KATHARMON.—J. J. Norvine, M.D., of Bismark, Mo., writes as follows:

Katharmon like many other new remedies brought to the notice of the profession has been used and misused—condemned and praised before fair trial. I have been using Katharmon with the atomizer in the treatment of catarrhal trouble of the throat and nose with better results than any other remedy, but especially do I feel thankful for its usefulness when I am called upon to treat subacute or chronic cystitis. I use 15 to 25 per cent. solution with previously boiled cistern water, and wash the organ every other day with most excellent and surprising results. Also, by means of absorbent cotton saturated with 3 parts katharmon one part glycerine applied to irritable and itching piles affords quicker relief than any remedy at the hands of the physician.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF TENNESSEE has a larger class than at any previous year at this date. Full 300 earnest, intelligent and hard working students take their seats daily in the grand amphitheatre.

OUR ADVERTISERS.

THE NEW YORK PHARMACAL ASSOCIATION are still manufacturing their standard preparation of *Lactopeptine*, which has been tested, and is recommended by many of the leading medical men of America. Professor Atfield considers it a most valuable digesting agent.

H. PLANTEN & SON, 224 William Street, New York, manufacture hard and soft capsules, empty and filled, which can be ordered by mail. No further necessity of trouble in regard to nauseous or disagreeable drugs.

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PARKE, DAVIS & Co, of *Detroit, Michigan*, Manufacturing Chemists, with their immense establishment, are enabled to supply all demands for any pharmaceutical preparations. Their wines and elixirs contain precisely the quantity of Medicinal Ingredients which they are said to contain on the label. Likewise they are very palatable, and, in every way, elegant. They need only to be tried to be appreciated.

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MICROSCOPIC OBSERVATIONS, showing the comparative value and availability of various antiseptics in the treatment of Diseases of the Oral Cavity, by W. D. MILLER, A.B., PH. D., D.D.S., Professor of Operative and Clinical Dentistry, University of Berlin, from whose deductions Listerine appears to be the most acceptable prophylactic for the care and preservation of the teeth.

Diseases of the Uric Acid Diathesis.

LAMBERT'S

LITHIATED HYDRANGEA.

Kidney Alterative—Anti-Lithic.

FORMULA.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength; hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

Urinary Calculus, Gout, Rheumatism, Bright's Disease, Diabetes, Cystitis, Hematuria, Albuminuria, and Vesical Irritations Generally.

GOUT.

We have had prepared for the convenience of Physicians Dietetic Notes, suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations bearing upon the treatment of this class of diseases.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines, or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry; malt liquors and sweet wines are veritable poisons to these patients

LAMBERT PHARMACAL CO.,

314 North Main St., Saint Louis.

WAYNE'S DIURETIC ELIXIR

COMPOSED OF BUCHU, JUNIPER, ACETATE OF POTASH, ETC.

DIURETIC AND ALTERATIVE.

INDICATIONS.—Acute and Chronic Catarrh of the Bladder. Brick Dust and Chalky Deposits in the Urine, Gravel, etc. Acute and Chronic Bright's Disease, Lumbago, and in Acute and Chronic Rheumatism.

Prescribed and Endorsed by the Leading Physicians of the U. S. It is giving universal satisfaction to the profession. It seems to be ALMOST A SPECIFIC for Diseases of the Genito-Urinary Organs.

EXTRACT FROM LETTER, W. F. GLENN, M.D.,

Professor of Genito-Urinary Diseases in the Medical Department of the University of Tenn.,

No practitioner passes many days, or seldom many hours, without being called upon to prescribe for some real or imaginary disease of the kidneys. While such serious disorders as diabetes and Bright's disease, in which these organs are fatally involved, are occasionally met with, they are few as compared with the many minor affections, not only in the kidneys themselves, but on all parts of the genito-urinary tract. Catarrh of the kidneys, ureter, bladder or urethra, irritations and congestions of the various parts of the urinary apparatus, are as common as bad colds. What is more frequent than patients complaining of pain in the back, in the region of the kidneys, with or without a scant flow of urine, or a burning sensation in the neck of the bladder or urethra on voiding urine, and numbers of other similar ailments. In all forms of functional derangements of these important excretory organs the administration of a gentle but effective diuretic generally affords relief. Where an analysis of urine proves the absence of elements that would indicate serious organic lesions it is a safe and in fact a proper course, to use a remedy that will stimulate to gentle action the cells of the kidneys, thereby increasing the watery portions of the urine. Such a course will rarely fail to affect a cure.

For this purpose there is nothing superior to buchu, juniper, acetate of potash, corn silk and digitalis. The action of many of this class of remedies, such as corn silk, juniper, eucalyptus, etc., have a more or less specific influence on bladder and urethral irritations and inflammations.

Some years since my attention was attracted to a remedy styled Wayne's Diuretic Elixir, which, upon examination, I found to be a combination of acetate of potash, juniper and buchu, prepared in such a manner as not to be unpleasant, but rather agreeable to the taste and accurate in its proportions. Being easier to prescribe and by far more pleasant to the patient than the same remedies freshly mixed in the drug store, I began to use it in all irritations of the kidneys, bladder, urethra and prostate gland, and have found it to meet every indication. Now, when I desire a mild diuretic effect continued for some time, I rarely depart from this mixture. Prof. Deering J. Roberts, Surgeon to the State Prison, has been using it largely of late at the hospital of that institution, and reports it perfectly satisfactory. Numbers of others of my medical brethren, to whom I have suggested its use, have reported it thoroughly satisfactory. Case after case taken from my own and from other record books, could be cited to show its satisfactory effects, but that is hardly necessary. And while I am not an advocate of the wholesale use of all the various preparations that are now crowded upon us, at the same time, after thoroughly testing this one for some years, I feel that it will not be amiss to present its virtues to the profession. Not for any new virtues that its ingredients may possess, for they have been understood for many years, but because of its careful preparation and pleasant taste, and thereby ready utility. From the very highly satisfactory results obtained by me for the past five years, I am quite sure its use will be attended with no disappointment or regret.

EXTRACT FROM LETTER, DR. THEO. JASPER, 322 SOUTH SIXTH ST., COLUMBUS OHIO:

COLUMBUS, O., January 21, 1886.—Wayne Elixir Company—Gentlemen: Regarding your most excellent preparation, "The Wayne's Diuretic and Alterative Elixir" I am happy to say that I have used it in my practice for over two years in hundreds of cases, and in every case I need it it gave perfect satisfaction. The effect of its action can be perceived immediately, and in most cases only a small quantity, five or six ounces, was needed to effect a complete cure; it is, besides, not unpleasant to the taste, and is borne by the most delicate stomach. Truly and most respectfully yours,

THEODORE JASPER, M.D., 322 South Sixth Street.

SPECIAL TO PHYSICIANS.—We will send, upon application, one bottle, containing 12 oz., regular size, (retails at \$1.00) free for trial to those physicians who will pay expressage.

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(2B)

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Contains **THE ESSENTIAL ELEMENTS** to the Animal Organization—Potash and Lime;

The **OXYDIZING AGENTS**—Iron and Manganese;

The **TONICS**—Quinine and Strychnine;

And the **VITALIZING CONSTITUENT**—Phosphorus, Combined in the form of a Syrup, with *slight alkaline reaction*.

IT DIFFERS IN EFFECT FROM ALL OTHERS, being pleasant to taste, acceptable to the stomach, and harmless under prolonged use.

IT HAS SUSTAINED A HIGH REPUTATION in America and England for efficiency in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

ITS CURATIVE PROPERTIES are largely attributable to Stimulant, Tonic and Nutritive qualities, whereby the various organic functions, are recruited.

IN CASES where innervating constitutional treatment is applied, and tonic treatment is desirable, this preparation will be found to act with safety and satisfaction.

ITS ACTION IS PROMPT; stimulating the appetite and the digestion, it promotes assimilation, and enters directly into the circulation with the food products.

THE PRESCRIBED DOSE produces a feeling of buoyancy, removing depression or melancholy, and hence is of great value in the treatment of **MENTAL AND NERVOUS AFFECTIONS**.

From its exerting a double tonic effect and influencing a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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Circulars sent to Physicians on application.

FOR SALE BY ALL DRUGGISTS.

(3B)

COMMUNICATION.

In no other agent, nor in all other agents, perhaps, is there such universal reliance placed by the medical profession in the treatment of Scrofula, Phthisis and other forms of wasting disease as in Cod Liver Oil, and yet there is no other food or medicine so needlessly placed at a disadvantage in its administration as this remedy is when prescribed plain or in the form of an indifferent Emulsion.

Apart from its dietetic properties pure Norwegian Cod Liver Oil is an ALTERATIVE, A DISINFECTANT, A GERMICIDE, due to its richness in *Phosphorus Bromine and Iodine*, and a therapeutic agent of varied and extensive application, but its greatest utility depends on the form of its administration.

Almost any digestive organ can be trained to tolerate plain Cod Liver Oil to a great or less extent, but the physiology of digestion, as well as experience, shows the inability of the pancreatic fluid with other solvents of the Duodenum to Emulsify Oil to the condition of assimilation to an extent demanded in wasting diseases. Physicians recognized this fact years ago, and Chemists have since been endeavoring to solve the problem of a perfect Emulsion (*the digestion of Oil*), but not until within the last few years have we, who were first and always advanced in its manufacture, succeeded in making SCOTT'S EMULSION an absolutely perfect preparation.

In the manufacture of SCOTT'S EMULSION no chemical change whatever takes place in the Oil, but each globule is divided and subdivided into a state of minute subdivision, or until its consistency becomes that of its menstrum, Glycerine and Mucilage, when its permanency is established for all time and under all conditions.

The formula for SCOTT'S EMULSION is 50 per cent. of the finest Norwegian Cod Liver Oil, 6 grains Hypophosphite of Lime and 3 grains Hypophosphite of Soda to the fluid ounce, Emulsified, or digested to the condition of assimilation with chemically pure Glycerine and Mucilage.

The permanency and efficiency of Scott's Emulsion is equaled only by its palatability. No child is so young or adult so morbidly sensitive as to find any objections to its use.

Physicians are requested to send for samples—delivered free—and compare its medicinal effects with any or all other agents upon the sick.

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A Combination of the tonic principles of *Prunus Virginiana*, Malted Barley, Hypophosphites of Lime and Soda, and Fruit Juices. An elegant and efficient brain and nerve tonic.

BUCKTHORN CORDIAL (*Rhamus Frangula*.)

Prepared from carefully selected German Buckthorn Bark, Juglans Bark, and Aromatics. The undoubted remedy for Habitual Constipation.

Send for samples of the above—delivered free.

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(4B)

FEBRILIN

OR TASTELESS SYRUP OF AMORPHOUS QUININE. (LYON'S). FOR INFANTS AND CHILDREN.

Each Teaspoonful is equal to 2 Grains of Sulphate of Quinine.

Children take it and never know it is Medicine.

NEVER PRODUCES SICK STOMACH, and always produces the same result as the bitter quinine. In the manufacture of quinine there is left, after crystallizing the quinine, dark colored substance known as Amorphous Quinine. We have by purifying the Amorphous Quinine obtained a pure alkaloid, the active principle of the Amorphous Quinine, which we have rendered tasteless, and which is equal to Sulphate of Quinine in every respect. It is tasteless, because it is insoluble in the mouth, but dissolves readily in the acids of the stomach. We use no Tannin; no Yuba Santa, which contains a large per cent. of Tannin.

Physicians can make Tasteless Tonics for Children and Ladies by combining with the Febriline Iron by Hydrogen, Carbonate of Iron, or Iodide of Potash.

Nashville, Tenn., Oct. 29, '88.
We have tried "Lyon's Tasteless Preparation of Quinine," and take pleasure in saying they are all that is claimed for them, and as palatable as sugar.

DUNCAN EVE, M. D.,
CHAS. C. THOMPSON, M. D.

Vernon, Ind., Jan. 25, '88.
Gentlemen:—I have tried Tasteless Quinine with splendid result. It can be taken by children readily, and will produce the same result as the Quinine Sulph. I shall continue to use it, especially among children, and can heartily recommend it to anyone desiring a palatable and reliable preparation of this drug.

W. H. STEMM, M. D.

Hickory Valley, Ark., Jan. 27, '88.
Dear Sirs:—Received samples of your Tasteless Quinine Preparations. Found them satisfactory. Am using them in all cases of children requiring quinine.

E. F. BEVENS.

Aledo, Parker County, Tex., Jan. 25, '88.
Dear Sirs:—I have used the Tasteless Syrup of Quinine sent me, and am highly pleased with it. Children and Infants take it without any trouble, and it is as effective as the Sulphate of Quinine in controlling malaria.

O. MORSE, M. D.

Air Mount, Miss., Jan. 28, '88.
Paris Medicine Co., Paris, Tenn.

Gents:—Your preparation of Lyon's Tasteless Quinine was received. I was highly pleased with the use of it. It is the only preparation of Tasteless Quinine that I find entirely satisfactory. I deem it invaluable for infants and children, and it is as efficient in its action in every way as the Sulphate.

A. LOUIS JACKSON, M. D.

Uniontown, Md., Jan. 23, '88.
Paris Medicine Co.

I received your sample of T. S. of Quinine and find it an elegant preparation. I was able to produce the full effects of quinine and at the same time had no trouble to administer it to children who generally are averse to taking it in the usual form.

L. KEMP, M. D.

Big Gully, Bloant Co., Tenn., Jan. 27, '88.
Dear Sirs:—I have formed a favorable opinion of the clinical value of your Tasteless Quinine Preparations, and find it a stable, elegant and permanent preparation, and one readily taken by patients, both old and young; and its price is not prohibitory.

T. W. ROBBINS, M. D.

Jeffersontown, Ky., Jan. 23, '88.
Sirs:—I used your Tasteless Quinine and find it all that is claimed for it. Children take it as readily as if it was simple syrup, and its effect is just as satisfactory as the quinine itself. I will use it always for children and sensitive stomachs of adults.

S. N. MARSHALL, M. D.

Columbus, Ark., Jan. 25, '88.
Have found it a perfect success, especially in administering to children. My druggist ordered a supply from Messrs. Meyer Bros. & Co., St. Louis.

R. M. WILSON, M. D.

Dennis, Ky., Jan. 25, '88.

Paris Medicine Co.

Gentlemen:—I have administered your Tasteless Syrup of Quinine, and with children it more than gives satisfaction. It is the sine qua non for children, and I shall take great pleasure in recommending it to the attention of our druggist and public generally.

J. R. MCLELLAN, M. D.

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(5B)

ALETIS CORDIAL

UTERINE TONIC AND RESTORATIVE.

Prepared from the Aletris Farinosa or True Unicorn and Aromatics.

INDICATIONS.

Amenorrhoea, Dysmenorrhoea, Leucorrhoea, Prolapsus Uteri, Sterility, to Prevent Miscarriage, Etc.

DOSE:—One Teaspoonful three or four times a day.

UNRIVALED AS A UTERINE TONIC IN IRREGULAR, PAINFUL, SUPPRESSED AND EXCESSIVE MENSTRUATION.

It Restores Normal Action to the Uterus, and Imparts Vigor to the Entire Uterine System.

Where women have miscarried during previous pregnancies, or in any case where miscarriage is feared, the ALETIS CORDIAL is indicated, and should be continuously administered during entire gestation.

CHAS. CLAY, M.R.C.S., Manor House, Dewsbury, England, says:—I find Aletris Cordial (Rio) is of great service in threatened miscarriage.

FRANCIS E. CANE, L.R.C.S., &c., Leeds, England, says:—I have tried the Aletris Cordial (Rio) in two cases of long standing dysmenorrhoea, with excellent results. One of these patients has spent a week in bed every month for two years. After all the usual remedies, I put her on Aletris Cordial, and for the last two periods she has been out and about all the time.

L. M. WATSON, M.D., Delhi, Ills., says:—I have used Aletris Cordial (Rio) in cases of dysmenorrhoea, suppressed menses and threatened miscarriage, and also, combined with Celerina, as a tonic after confinement, with the happiest results, and now I am using it on a case of leucorrhoea, with injections of S. H. Kennedy's Extract of Pinus Canadensis, and it is acting like a charm.

P. H. OWEN, M.D., Morganville, Ala., says:—I have prescribed Aletris Cordial (Rio) in several cases with the most satisfactory results, and regard it as the best uterine tonic I have met with in a professional experience of over twenty-five years. In cases of threatened miscarriage it acts like a charm. Would recommend its continuous administration in all cases when there is any indication of miscarriage.

Dr. W. BERTHELOT, Santander, Spain, says:—I have tried the Aletris Cordial (Rio), and it has seemed to me to be useful, especially in cases of dysmenorrhoea.

Dr. RASQUINET, Jupille, near Liege, Belgium, says:—I tried Aletris Cordial

(Rio) in the case of a woman who had had several miscarriages at the end of five months, and who is now again pregnant, having reached the seventh month: thanks to Aletris Cordial.

R. REECE, M. R. C. S., Walton-on-Thames, England, says:—Aletris Cordial (Rio) in painful menstruation is most valuable. A wife of a minister suffered much, and had had three miscarriages. I prescribed Aletris Cordial. She has for the first time, gone her full time, and was safely confined with a male child.

J. T. COLLIER, M. D., Brooks, Me., says:—I have used your Aletris Cordial (Rio) in cases of females at the menopause. Consider it one of the finest remedies for these cases.

Dr. GORDILLON, St. Amand, France, says: I have tried the Aletris Cordial (Rio) in a case of dysmenorrhoea. The result I obtained from the use of your preparation was excellent, better than I had obtained in the same patient by prescribing the usual remedies employed in such cases.

W. F. TOOMBS, M.D., Morrilton, Ark., says:—I have used a great deal of your Aletris Cordial (Rio) and I find it all you claim for it in amenorrhoea, dysmenorrhoea, metritis, leucorrhoea; I don't think it has an equal. I have used it in two cases of threatened miscarriage and the trouble was obviated. For a general Uterine Tonic I know of nothing superior.

R. D. PATTERSON, L. R. C. S. &c., Medical Officer, Caledon Dispensary, Co. Tyrone, Ireland, says:—I have very great pleasure in testifying to the very high opinion I hold of Aletris Cordial (Rio) in threatened miscarriage.

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Superior to any other preparation as a Safe
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CAUTION.—Beware of the substitution of a so-called Malt Extract put up in a squatty bottle with the name Johann Hoff and Moritz Eisner on neck, the proprietors of which have just been convicted, in a Berlin court, of publishing a false court decision and of supporting the same by the false affidavit of one of their firm. The original and genuine **HOFF'S MALT** can only be obtained in the United States in bottles as per cut. When prescribing, please write for **HOFF'S MALT EXTRACT—TARRANT'S**, which will alone prevent substitution.

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Eight ¼ oz., sixteen 1½ oz.
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Knowing whereof we speak, we declare the abuse of the general traffic in beer offends society and not the article.

Speaking in general terms, it is a fact, that society would like to drink a pure beer, under the advice of the family physician for the recovery and promotion of health, but many will not be identified with the general traffic.

To meet this demand of the profession and the people, we earnestly ask for the co-operation of the physicians in extending in the market his pure beer, at reasonable prices, manufactured especially of invalids.

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Only Chemically Pure Salts used in this preparation. As a nerve stimulant and restorative in wasting and debilitating diseases as well as an aid to the functions of digestion and assimilation, and as a general tonic, especially in Convalescence, this compound has no superior.

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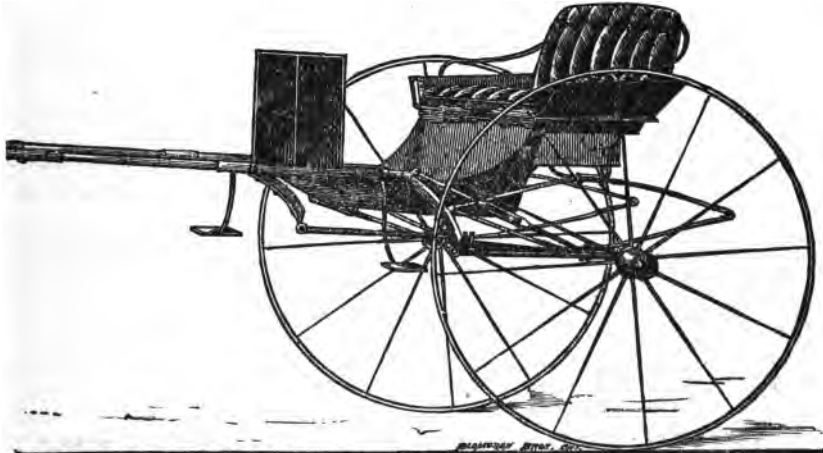
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 Very truly,
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Dear Sir:—I have used the cart, and like the style of it very much, and it is really more comfortable to me for my riding than a four-wheeled conveyance. I think I would prefer a little wider seat.
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The SPRING SESSION consists of recitations, clinical lectures and exercises, and didactic lectures on special subjects. This Session begins about the middle of March and continues until the middle of June. During this Session daily recitations in all the departments are held by a corps of Examiners appointed by the Faculty.

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Bone-Calcium Phosphates $\text{Ca}_3\text{-2 P. O.4}$. Sodium Phosphate $\text{Na}_2\text{H. P. O.4}$. Ferrous Phosphate $\text{Fe}_3\text{-2 P. O.4}$. Trihydrogen Phosphate H. P. O.4 .

WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility.

The Lactophosphates prepared from the formula of Prof. Dusart, of the University of Paris, combines with a superior Farnatin Sherry Wine and Aromatics in an agreeable cordial easily assimilable and acceptable to the most irritable stomachs.

Medium medicinal doses of Phosphorus, the oxidizing element of the Nerve Centers for the Generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excitant of functional activity of Liver and Pancreas, and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxidizing Constituent of the Blood for the generation of Heat and Motion; Phosphoric Acid, Tonic in Sexual Debility; Alkaloids of Calisaya, Anti-Malarial and Febrifuge; Extract of Wild Cherry, uniting with tonic power the property of calming Irritation and diminishing Nervous Excitement.

THE SUPERIORITY OF THE ELIXIR consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of subduing fever and allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of faulty nutrition, the outcome of Indigestion, Malassimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium and Tobacco Habits, Gestation and Lactation to promote Development, etc., and as a physiological restorative in Sexual Debility and all used-up conditions of the Nervous System should receive the careful attention of good therapeutists.

There is no strychnia in this preparation, but when indicated, the Liquor Strychnia of the U. S. Dispensatory may be added, each fluid drachm of the solution to a Pound of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M.D.
Montreal, D. C

Put up in pound bottles and sold by all Druggists at One Dollar.

(12H)

Waree confident that we have reached the **Highest Degree of Perfection in solving the INFANT FOOD PROBLEM.**

Lacto-Preparata.

A Prepared Human Milk perfectly Sterilized and especially designed for Children from birth to six or eight months of age.

Made wholly from cow's milk with the exception that the fat of the milk is partially replaced by cocoa butter. Cocoa butter is identical with milk fat in food value and digestibility, being deficient only in the principle which causes rancidity. The milk in *Lacto-Preparata* is treated with Extract of Pancreas at a temperature of 105 degrees, a sufficient length of time to render twenty-five per cent. of the casein soluble, and partially prepare the fat for assimilation. In this process the remaining portion of the casein not peptonized, is acted upon by the pancreatic ferment in such a manner as to destroy its tough, tenacious character, so that it will coagulate in light and flocculent curds, like the casein in human milk.

Composition :	Albuminoids,	19 Parts	Send for Sample and compare it with every other food used in artificial feeding of Infants
	Milk Sugar,	64 "	
	Fat	10 "	
	Mineral Matter,	3 "	
	Chloride of Sodium added,	1/2 "	
	Phosphates of Lime	1/2 "	
	Moisture	3 "	

Lacto-Preparata is not designed to replace our SOLUBLE FOOD but it is better adapted for Infants up to eight months of age.

Carnrick's Soluble Food

Is the Nearest Approach to Human Milk that has thus far been produced, with the exception of Lacto-Preparata.

During the past season a large number of Physicians and eminent Chemists visited our Laboratory at Goshen, N. Y., and witnessed every detail connected with the production of Carnrick's Soluble Food. This invitation to witness our process is continuously open to Physicians and Chemists. All expenses from New York to Goshen and return will be paid by us. The care used in gathering the milk, its sterilization, and the cleanliness exercised in every step, cannot be excelled. Soluble Food has been improved by increasing the quantity of milk sugar and partially replacing the milk fat with cocoa butter.

Phospho-Caffein Comp.

(GRANULAR EFFERVESCENT.)

A SEDATIVE, NERVE AND BRAIN FOOD.

This preparation has been thoroughly tested, and found to produce the happiest effects in Headaches, Neuralgia, Sleeplessness and General Nervous Irritability. We are confident that the above combination will be found superior to any of the various preparations that are used in nervous affections. It is not only a nerve sedative but a Brain and Nerve Food. The depressing effects of the sedative ingredients are fully overcome by its reconstructive constituents.

As a harmless and positive remedy in Headaches and Insomnia we are certain it has no equal. It is far more palatable than any of the preparations used for similar purposes.

PUT UP IN FOUR, EIGHT AND THIRTY-TWO OUNCE BOTTLES.

REED & CARNRICK,

(13B)

NEW YORK.

THE NEW ANTISEPTIC,

Katharmon

Non-Irritant—Non-Escharotic.

FORMULA:—*The Active Principles of* PHYTOLACCA DECAN-
DRA, Gaultheria Procumbens, HAMAMELIS VIRGIN-
ICA, HYDRASTIS CANADENSIS, *Mentha Ar-*
vensis, Thymus Vulgaris.

Prepared by Distillation and Lixiviation with two grains of C. P.
Boric Acid to each fluid drachm.

INDICATIONS:

**Catarrhal states of Nose, Eye, Ear, Throat, Stomach
and Bowels. It is unsurpassed as Vaginal Wash,
and valuable in the Puerperal state, Sep-
ticæmia, Pyæmia and Surgical Fever.**

DOSE:—From one-half to one fluid drachm.

In Acute Cystitis, when the urine is painful, scalding and irritating, use in-
ternally from one-half to a teaspoonful every three or four hours, or a little
later on when the inflammation becomes **Chronic**, as an injection into the bladder
in the proportion of from one to two drachms to two ounces of tepid water.

In Leucorrhœa use one ounce to eight ounces of water as an injection once or
twice a day.

In all Catarrhal states of nose and throat, locally, half and half, or by atomi-
zation or inhalation in the proportion of one drachm to two ounces of water.

In Stomatitis, ulcerative or gangrenous, use either as a gargle (4 drachms to
2 ounces), or internally thrice daily in the usual dose.

In Pharyngitis and Laryngitis use through inhalation in proportion of one
drachm to two ounces of water.

In Gonorrhœa, as an injection, four drachms to two ounces of water once or
twice a day as indicated.

In Obstetric Practice, both as a prophylactic measure and cleansing agent, it is
most excellent. It should be applied to hands in full strength in making vaginal
examinations or used per enema in the proportion of one part to eight of water.

In Vaginitis, specific or non-specific, as an injection from one to four ounces of
water.

In Dermatitis locally applied in full strength every two or three hours.

In Scorbutic or Hemorrhagic conditions of the gums, it will be found efficient
in the proportion of one drachm to one ounce water.

KATHARMON CHEMICAL CO.,

WRITE FOR SAMPLE.

SAINT LOUIS.

(14B)

ROBINSON'S WINE COCA.

Nerve Stimulant for Mental and Physical Exhaustion.

COCA LEAVES have been successfully used in the treatment of the Opium habit and as a remedy for the abuse of intoxicants. They are recommended in cases of mental depression and physical exhaustion, remarkable nerve-stimulant and exhilarating effects being attributed to the drug by medical authorities. OUR WINE COCA presents this drug in a palatable form, the vehicle being Pure Sherry Wine. The best assayed Coca Leaves are used, and we guarantee a high Cocaine percentage. Each fluidrachm equals $7\frac{1}{2}$ grains Coca.

Dose.—The dose of this wine is from a teaspoonful to two tablespoonfuls (1 fdr. to 1 fl. oz.) to be taken three or four times daily or oftener.

Pint Bottles \$1 00.

We ask attention to the following statements:

Messrs. R. A. Robinson & Co.—Dear Sirs: It gives me pleasure to state that I have used your preparations of Hypophosphites and Wine Coca with most excellent results. The Wine Coca I used in a case of Exophthalmic Goitre. The patient has been bedridden for three years, and it has given her more comfort than anything she has taken, and enables her to go about her room with comparative ease. The reputation of your house gives assurance that these valuable remedies are what they are represented to be, and I can recommend them both.

Yours truly,

LOUISVILLE, KY., April 16, 1886.

(Signed) T. P. SATTERWHITE.

OFFICE OF MONROE COUNTY BOARD OF HEALTH,
ANDREW J. AXTELL, M. D., SEC'Y.

BLOOMINGTON, IND., August 25, 1887.

Messrs. R. A. Robinson & Co.—Sirs: I deem the following statement due you. Having been a sufferer from Nervous Headache for over forty years, at the suggestion of your Agent who called upon me in June last, with some of your samples, I was induced to try your Wine Coca for my head. Since that time I have been taking one tablespoonful each day, and have not, since I commenced the use of it, been troubled with the Headache. I have not been free from it for that length of time in twenty years. I think it will effect a permanent cure. Having tried heretofore nearly every remedy I could hear of, this is the first one that has given me any relief.

Yours respectfully

(Signed)

A. J. AXTELL, M. D.

Please Specify ROBINSON'S.

Robinson's Elixir Paraldehyd.

HYPNOTIC, SEDATIVE, ANODYNE.

Paraldehyd ($C^2H^2O^2$) is a therapeutical agent which has been in use for the past few years only. It is formed by the action of mineral acids upon Aldehyd. (C^2H^4O).

"In doses of forty-five grains, it is said to calm restlessness and insomnia, and procure unbroken sleep of from four to seven hours duration, and to leave behind neither languor, nausea, nor digestive disorders. It also acts as a diuretic. It has been found efficient in the INSOMNIA of various acute diseases, and also in acute MANIA, and the excited paroxysms of chronic insanity and dementia. It is proposed as possessing the good without the evil qualities of chloral" (Nat Dis., 3rd Edition, Page 151.)

It is also claimed to be a valuable ANTIDOTE to STRYCHNINE.

In delirium tremens and morphiomania it has been used with good results.

Our Elixir contains forty-five grains of the Paraldehyd in each fluid ounce, dissolved in an aromatic menstrum, whereby the objectional taste of the chemical is, to a great extent, disguised, and the preparation rendered palatable.

Dose—Two to eight fluidrachms.

Pint Bottles, \$1 50

In prescribing, please specify ROBINSON'S. Respectfully,

R. A. ROBINSON & CO.,

Manufacturing Pharmacists,

LOUISVILLE, KY.

—FOR SALE BY DRUGGISTS.—

RECENT THERAPEUTIC NOVELTIES.

ANTACID TABLETS, COMPRESSED.

Sir William Roberts, M. D., F. R. S., contributed to the *Pharmaceutical Journal and Transactions* Aug. 24th, 1889, a scholarly paper entitled "Some Practical Points in the Use of Antacid Remedies in Dyspepsia and Gravel." This article has attracted wide attention and so many enquiries regarding it have come to us that we have pleasure in advising our medical friends that we are now prepared to supply in bottles of 100 each, as desired, Antacid Tablets, Compressed, of the following formula:

Calcium carb. precip., $3\frac{1}{2}$ grains.
Magnesium carb., $2\frac{1}{2}$ grains.

Sodium chloride, 1 grain
Excipient, q. s.

We shall also be pleased to mail to physicians on request a reprint of Dr. Roberts' article.

PIL. SALINE CHALYBEATE TONIC.

(FLINT'S).

We beg leave to inform the medical profession also that we have placed upon the market, in the form of sugar-coated pills, the Saline Chalybeate Tonic, recommended by Professor Austin Flint, M. D., LL. D., in the *New York Medical Journal*, May 18, 1889.

The formula is as follows:

Sodium Chloride, 3 grains.
Potassium Chloride, 1-20 grains.
Potassium Sulphate, 1-10 grain.
Potassium Carbonate, 1-20 grain.
Sodium Carbonate, 3-5 grains.

Magnesium Carbonate, 1-20 grain.
Calcium Phosph. precip., 1-2 grain.
Calcium Carbonate, 1-20 grain.
Iron by Hydrogen, 9-20 grain.
Iron Carbonate, 1-20 grain.

Dr. Flint says of this formula:

Since the summer of 1887 I have given the tonic in nearly every case in private practice in which a chalybeate was indicated. In many cases I have not been able to watch the effects of the remedy, and in many I kept no records. In thirty-three cases which I have noted as cases of anæmia, with loss of appetite, etc., I have more or less complete records. In twenty-two cases I noted very great improvement, in twelve cases improvement not so well marked, and in one case no improvement.

I have also records of five cases of chronic Bright's disease of the kidneys in adults in which the tonic was the only medicinal remedy employed.

These five cases of albuminuria are reported with reference only to the effects of the "saline and chalybeate tonic." In all the cases the tonic seemed to exert an influence on the quantity of albumin in the urine.

In the great majority of the cases of anæmia, etc., in which iron was strongly indicated, the tonic seemed to act much more promptly and favorably than the chalybeates usually employed. In a certain number of cases in which patients stated that "they could not take iron in any form," the tonic produced no unpleasant effects. Reprint of Dr. Flint's article furnished on request.

AN IMPROVED FORMULA OF BLAUD'S FERRUGINOUS PILLS

Learning that it was the custom of many physicians to use with satisfactory results a pill combining the ingredients of the well-known Bland formula with arsenious acid, we now supply the following Pil. Bland's Ferruginous, modified:

Iron Sulph. Exsic., $2\frac{1}{2}$ grains.

Potassium Carbonate, $2\frac{1}{2}$ grains.

Arsenious Acid, 1-40 grain.

The arsenic furnishes antiperiodic virtues to the combination and in this modified form the pill is now largely used.

SUPERIOR GLYCERIN SUPPOSITORIES.

Glycerin suppositories, when first introduced by us, were furnished in paste-board boxes, each suppository being wrapped in pure tin-foil to prevent the deterioration to which it was liable by reason of the hygroscopic character of glycerin.

As a result, however, of experiments conducted during the past summer we have found that these suppositories, if kept in bottles tightly corked, will keep indefinitely without any wrapper, and we are now prepared to furnish them in this form.

As the glass bottles are too heavy for mailing, such suppositories as we have occasion to send by mail, either upon order or as samples, will still be forwarded as before; the tin-foil used being unmixed with lead, and perfectly harmless. The tin-foil should, of course, be removed before using.

We believe glycerin suppositories without any artificial covering, such as tin-foil or paraffin, which latter has also been used for this purpose, will be far more popular with physician and patient, and serve to prevent, what sometime occurs, the use of the suppository without removal of the wrapper. Send for descriptive circulars.

PARKE, DAVIS & CO.,
DETROIT AND NEW YORK.